DEPT.-65

JOB- 28

REEL- 17

# CITY OF BALTIMORE

# HEALTH DEPT.

# BUREAU OF

# VITAL STATISTICS

# BIRTHS

# BEGINNING 1875

KP 23907

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-55) RETAIN—PERM.

# REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No: 346

Department: Health

Bureau: Vital Statistics

**Record Identification**

| 1. TITLE: | 2. Form No. if available | 3. Type—(cards, paper, etc.) |
|---|---|---|
| Certificate of Live Birth | | Bound Book |

| 4. Dates | 5. Volume accumulated yearly | 6. Size of Record | 7. Number of copies made |
|---|---|---|---|
| | | Misc. | |

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

| 9. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 10. Equipment and space freed. | 11. In your opinion does this record have any historical significance? |
|---|---|---|---|---|
| 70 yrs. | Micro. Perm. | 70 yrs. and Micro. Perm. | | YES ☐ NO ☒ |

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E Farber, Title: Commissioner of Health — Date: 3/28/63

**Recommendation of Records Management Officer**

| 13. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 14. Disposal Method A. To be sold as scrap or waste paper | B. To be Burned or shredded | C. Historical, (to be transferred to Dept. of Legislative Reference.) |
|---|---|---|---|---|---|
| 70 yrs. | Microfilm Permanet | 70 yrs. and Microfilm Permanent | ☐ | ☒ | ☐ |

REMARKS: 2 negative Rolls + Positive Roll

Records Management Officer — Date: 3/28/63

**APPROVALS OF RECORDS DISPOSAL COMMITTEE**

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

KP 29907

# FILED ON FILM

# IN

# NUMERICAL ORDER

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

69590

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 14th 1884
4. *Place of Birth, (Street and Number)* 191 [illegible] St
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* [illegible] St.

*Remarks,*

[illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

64991

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Jan 14 84
4. Place of Birth, (Street and Number) 225 Bank.
5. Full Name of Mother, Mary C. Wilford
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Md.
8. Full Name of Father, Albert Wilford
9. Father's Occupation, Rigger
10. Father's Birthplace, Norway

Name of Medical Attendant, or other Person who makes this Return J. L. Winters

Address, 77 Bowly

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

69592

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE.

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 54

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colrite
3. *Date of Birth,* Feby 14th 1884. 3. A. M.
4. *Place of Birth, (Street and Number)* 732. W. Pratt.
5. *Full Name of Mother,* Kate Myers
6. *Mother's Maiden Name,* Kate Rawlings
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Kinzey S Myers.
9. *Father's Occupation,* Machinist B & O.
10. *Father's Birthplace,* Carroll Co M. A

*Name of Medical Attendant,* or other Person who makes this Return A H Saxton M.D.

*Address,* 543 Lexington St.

*Remarks,* (Forceps delivery) —

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

6903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d Child. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | Feby. 14th/84 |
| 4. *Place of Birth, (Street and Number)* | 159 Sharp St. |
| 5. *Full Name of Mother,* | Ida Zeller. |
| 6. *Mother's Maiden Name,* | " Oberndorf. |
| 7. *Mother's Birthplace,* | Balto. City. |
| 8. *Full Name of Father,* | John Zeller. |
| 9. *Father's Occupation,* | Dry Goods Merchant. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. H. Tall. M.D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

64544

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feby 6/884 |
| 4. *Place of Birth, (Street and Number)* | 489 N. Sticker |
| 5. *Full Name of Mother,* | Bertha Bond |
| 6. *Mother's Maiden Name,* | Appenzell |
| 7. *Mother's Birthplace,* | Tennessee |
| 8. *Full Name of Father,* | Cyrus H. Bond |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Opie M.D. |
| *Address,* | 179 N. Howard St |
| *Remarks,* | |

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69595

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feby 8/ 84 |
| 4. *Place of Birth, (Street and Number)* (Paca & Camden) | Cor Paca & Camden |
| 5. *Full Name of Mother,* | Maria Louisa Barker |
| 6. *Mother's Maiden Name,* | O'Donnell |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | C. W. Barker |
| 9. *Father's Occupation,* | Druggist. |
| 10. *Father's Birthplace,* | England |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Opie |
| *Address,* | 179 N. Howard |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FEET & CO., CITY PRINTERS AND STATIONERS.

67596

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feby 14/84 |
| 4. *Place of Birth, (Street and Number)* | 34 N. Amity |
| 5. *Full Name of Mother,* | Clementine Spears |
| 6. *Mother's Maiden Name,* | Leister |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Ira W. Spears |
| 9. *Father's Occupation,* | Engineer |
| 10. *Father's Birthplace,* | Detroit |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Obie M D |
| *Address,* | 179 N. Howard St |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery within the limits of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a record of such birth, and shall enter the name on a blank schedule to be furnished by the Register of Vital Statistics, Board of Health, of Baltimore, and shall obtain a return of the same from the parent or parents, or other person having charge of such child, as far as the list of the births which have occurred, the full name and occupation of the father, the maiden name of the mother, and the full name and occupation of the head of the family in which the birth occurred, the sex, color, the number of each child of the mother, and the date of the birth of each child, in the manner of the month, and shall set forth, as far as ascertained, the following particulars, viz: the name of each child born

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

6959

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | Febuary 1884 |
| 4. *Place of Birth, (Street and Number)* | 12 & Central Ave |
| 5. *Full Name of Mother,* | Mary Hammel |
| 6. *Mother's Maiden Name,* | Schotz |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Geo Hammel |
| 9. *Father's Occupation,* | Tinner |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louse Kraft |
| *Address,* | 236 Canton Ave |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FELT & CO., CITY PRINTERS AND STATIONERS.

69598

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 birth |
| 1. *Sex, (state whether male or female)* | boi |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 14 Februar |
| 4. *Place of Birth, (Street and Number)* | Pratt Str. No 256 |
| 5. *Full Name of Mother,* | Anna Emge |
| 6. *Mother's Maiden Name,* | " " Baier |
| 7. *Mother's Birthplace,* | Baltimor |
| 8. *Full Name of Father,* | Peter Emge |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Baltimor |
| *Name of Medical Attendant,* or other Person who makes this Return | Mirs Mauser |
| *Address,* | Lombard Str. No 275 |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69599

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 14. 84.
4. Place of Birth, (Street and Number) E. Lombard str. N 334
5. Full Name of Mother, Margarethe Beh
6. Mother's Maiden Name, Kramer
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Johann Beh
9. Father's Occupation, Wurftwurker
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Raubach

Address, S. Wolf N 14

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69600

# RETURN OF A BIRTH

GIVEN NAME ADDED 5/17/61

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

NAME: MADELEINE ANDERSON KESMODEL

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febry 14th 84
4. *Place of Birth, (Street and Number)* 659 W Fayette St
5. *Full Name of Mother,* Emma Kesmodel
6. *Mother's Maiden Name,* Emma Einbrod
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas Fredk Kesmodel
9. *Father's Occupation,* Mfg Jewelry
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Seebach - 439 W Pratt St

*Address,*

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

6961

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 16
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th Child. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 14th of Feb. |
| 4. *Place of Birth, (Street and Number)* | 124 Fork |
| 5. *Full Name of Mother,* | Clara Clarisons |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | |
| 8. *Full Name of Father,* | |
| 9. *Father's Occupation,* | Oyster Shucker |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other Person who makes this Return. | Miller White |
| *Address,* | #1 Parr Street |
| *Remarks,* | all right |

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*Record of Vital Statistics in the City of Baltimore.*

JOHN B. PIET, PRINTER & STATIONER, BALT.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69602

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 15 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb- 14th 1894
4. *Place of Birth, (Street and Number)* 74 Argyle Ave
5. *Full Name of Mother* Annie Lewis
6. *Mother's Maiden Name* Lovegrove
7. *Mother's Birthplace* City
8. *Full Name of Father* Louis Lewis
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Md

*Name of Medical Attendant,* or other Person who makes this Return. Chas. H. Riley

*Address* 306 Madison Ave

*Remarks*

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

69603

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 14th
4. *Place of Birth, (Street and Number)* No 235 E Lombard St
5. *Full Name of Mother,* Mrs Mary Bennett
6. *Mother's Maiden Name,* Alvales
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Bennett
9. *Father's Occupation,* Gooksmith
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Gooke

*Address,* No 55 S. Bond St

*Remarks,*

SECTION 6.—And be it further enacted and ordained, that every person place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other lines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

1,7604

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child the any name shall have been conferred, its sex, color, the full name and occupation of the parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Little Boy White |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 14 February 1884 |
| 4. *Place of Birth, (Street and Number)* | in Baltimore 102 Frederick Ave |
| 5. *Full Name of Mother,* | Mrs. Linnenmeyer |
| 6. *Mother's Maiden Name,* | Miss Lizzie Kittle |
| 7. *Mother's Birthplace,* | Born in Baltimore |
| 8. *Full Name of Father,* | Mr John Linnenmeyer |
| 9. *Father's Occupation,* | Barber by Trade |
| 10. *Father's Birthplace,* | Born in Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Killer |
| *Address,* | 1017 West Pratt st city |
| *Remarks,* | |

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

6705

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Second Child

1. Sex, (state whether male or female) Little Girl

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born 14. February 1884

4. Place of Birth, (Street and Number) in Baltimore 860 Pratt st city

5. Full Name of Mother, Mrs. Graubill

6. Mother's Maiden Name, Miss Kline

7. Mother's Birthplace, Born in Baltimore

8. Full Name of Father, Mr. Lewis Graubill

9. Father's Occupation, Laborer

10. Father's Birthplace, Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Miller

Address, 1017 West Pratt st city

Remarks,

SECTION 4.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
FEB
29
1884
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth (6) -

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 14th 1884
4. *Place of Birth (Street and Number)* No. 63 Boyd St -
5. *Full Name of Mother* Jinnie Warnicke
6. *Mother's Maiden Name* Gallagher
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Chas. H. Warnicke
9. *Father's Occupation* Varnisher
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant, or other Person who makes this Return.* Francis A. Sauer M.D.

*Address* 105 N. Centre Avenue

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69607

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 Feb 1884
4. *Place of Birth, (Street and Number)* Balto N Chester st No 140
5. *Full Name of Mother,* Anna Petnitz
6. *Mother's Maiden Name,* A. Tichy
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Adolf Petnitz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Kopisch

*Address,* 69 N Washington St

*Remarks,* Mary Kopisch

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PEET & CO., CITY PRINTERS AND STATIONERS.

69608

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 14th 84
4. Place of Birth, (Street and Number) 734 Penna Ave
5. Full Name of Mother, Henrietta Kemp
6. Mother's Maiden Name, Henrietta Galloway
7. Mother's Birthplace, Md
8. Full Name of Father, Jacob L. Kemp
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. Miller M.D.

Address, 188 Franklin St

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

69609

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 of February 1884
4. *Place of Birth, (Street and Number)* 108 Eager Street
5. *Full Name of Mother,* Mary Rheem
6. *Mother's Maiden Name,* Mary Hill
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Lee C. Rheem
9. *Father's Occupation,* Express
10. *Father's Birthplace.* Grace Ham Maryland

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Christina Lauer

*Address,* 173 Harford Avenue

*Remarks,* Baltimore Md

1884

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

6 9 10

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored American
3. *Date of Birth,* 14th February
4. *Place of Birth, (Street and Number)* 22. Moris ally. Baltimore city
5. *Full Name of Mother,* Sola. Brooks
6. *Mother's Maiden Name,* Sola. Harris
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Preston. Brooks
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Columbia. South Carolina

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Lucy Cornish. per. Robert. T Fletcher

*Address,* 13 Gordon Alley

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69611

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) | 4th |
| 1. *Sex*, (*state whether male or female*) | Male |
| 2. *Race or Color*, (*if not of the white race*) | White |
| 3. *Date of Birth*, | 14th of February |
| 4. *Place of Birth*, (*Street and Number*) | 219 Central Ave. |
| 5. *Full Name of Mother*, | Louise Weile |
| 6. *Mother's Maiden Name*, | Louise Gutmann |
| 7. *Mother's Birthplace*, | Germany |
| 8. *Full Name of Father*, | Julius Weile |
| 9. *Father's Occupation*, | Brewer |
| 10. *Father's Birthplace*, | Germany |
| *Name of Medical Attendant*, or other Person who makes this Return | Mary Slater |
| *Address*, | 1125 N. Caroline St. |
| *Remarks*, | Mary Slater |

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6712

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
1894
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 Feb.
4. *Place of Birth, (Street and Number)* 116 Caroline
5. *Full Name of Mother,* Caroline Lapsley
6. *Mother's Maiden Name,* Petrow
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Lapsley
9. *Father's Occupation,* Watch-maker
10. *Father's Birthplace,* Philadelphia

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

69613

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 8 1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8, eight |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | February 14-1884. |
| 4. *Place of Birth, (Street and Number)* | 99 Population st. |
| 5. *Full Name of Mother,* | Nelle Bremer |
| 6. *Mother's Maiden Name,* | Nelle v. Clave |
| 7. *Mother's Birthplace,* | Holland. |
| 8. *Full Name of Father,* | Peter Bremer |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Kunigunda Schlifer |
| *Address,* | 20 Columbia Ave. |
| *Remarks,* | |

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

676 14

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | February 14/84 |
| 4. *Place of Birth, (Street and Number)* | 337 Myrtle Ave. |
| 5. *Full Name of Mother,* | Margaret E. Applegarth. |
| 6. *Mother's Maiden Name,* | Margaret E McCubbin. |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Walter H Applegarth |
| 9. *Father's Occupation,* | Salesman. |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | John D Pennington M.D. |
| *Address,* | 134 N Carrollton Ave |
| *Remarks,* | |

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

69615

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. 14th 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Catt st. No. 400. |
| 5. *Full Name of Mother,* | Leona Shaffer |
| 6. *Mother's Maiden Name,* | " Patri |
| 7. *Mother's Birthplace,* | Pensilvania |
| 8. *Full Name of Father,* | William Shaffer |
| 9. *Father's Occupation,* | Machinist |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person, who makes this Return | Mrs. E. Mitchell |
| *Address,* | No. 38 Parkin st |
| *Remarks,* | |

BALTIMORE

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

69616

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | ~~White~~ Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 14th Feb 1884 |
| 4. *Place of Birth, (Street and Number)* | 110 Chapel St Baltimore |
| 5. *Full Name of Mother,* | Mary E Bowling |
| 6. *Mother's Maiden Name,* | " Snow |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | William G Bowling |
| 9. *Father's Occupation,* | Moulder |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Hannah Knowles |
| *Address,* | 136 S Caroline St |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

69617

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 14th 1884
4. *Place of Birth, (Street and Number)* 172 Hanover St
5. *Full Name of Mother,* Annie ~~Rider~~ Tannebaum
6. *Mother's Maiden Name,* " Rider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Tannebaum
9. *Father's Occupation,* Merchant Tailor & Chatterer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Theodore Ashe Mc[illegible]

*Address,* 146 Hanover St

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

64618

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Twelve 15 & 16th

1. *Sex (state whether male or female)* Four females

2. *Race or Color (if not of the white race)*

3. *Date of Birth* February 14 1884 .730 & 750 PM

4. *Place of Birth (Street and Number)* N. Bond st 254

5. *Full Name of Mother* Anne C Stolle

6. *Mother's Maiden Name* Anne C Craft

7. *Mother's Birthplace* Conway West

8. *Full Name of Father* Wegand Christian Stolle

9. *Father's Occupation* Butcher

10. *Father's Birthplace* Hesen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Julia Groome

*Address* 166 N Gay st Balt

*Remarks* Five Babys

---

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69619

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2ed

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14th February
4. *Place of Birth (Street and Number)* 276 North Strickel St Baltimore
5. *Full Name of Mother* Hannie Lee Shackelford
6. *Mother's Maiden Name* " " Scott
7. *Mother's Birthplace* Royal Oak, Talbot County Maryland
8. *Full Name of Father* Edgar Shackelford
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Jacinton North Carolina

*Name of Medical Attendant,* or other Person who makes this Return. Mrs L W Bush

*Address* 409 North Stricker street

*Remarks* Healthy

(Row Bush)

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69620

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPARTMENT OF HEALTH
FEB 22 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th February 1884
4. Place of Birth, (Street and Number) No 19 N Population St
5. Full Name of Mother, Annie Victoria Rees
6. Mother's Maiden Name, Annie V. Thomas
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Godfrey L. Rees
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Hunter

Address, 21 N Population St

Remarks,

---

Every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

69621

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 of February
4. Place of Birth, (Street and Number) 401 Canton Ave
5. Full Name of Mother, Margie Lehrann
6. Mother's Maiden Name, = Seifert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilhelm Lehrann
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Behnken Midwife

Address, 54 Essex St.

Remarks, (M. M. Behnken)

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69622

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

*No. of Child of Mother,* (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether~~ *male* ~~or female~~)
2. *Race or Color,* (~~if not of the~~ *white race*)
3. *Date of Birth,* February 15th 84.
4. *Place of Birth,* (*Street and Number*) 77 Hanover St
5. *Full Name of Mother,* Fredericka C. E. Joske.
6. *Mother's Maiden Name,* Fredericka C. E. Niemeyer.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles C. Joske
9. *Father's Occupation,* Commercial Traveller
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return John J. R. Frazer, M.D.

*Address,* 273 Lexington St.

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69623

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 16 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Feb. 15th 1884 |
| *4. Place of Birth (Street and Number)* | 128 N. Register st |
| *5. Full Name of Mother* | Roda An. Smith |
| *6. Mother's Maiden Name* | Smith |
| *7. Mother's Birthplace* | Talbot Co |
| *8. Full Name of Father* | Thomas Blackson |
| *9. Father's Occupation* | oyster Shucker |
| *10. Father's Birthplace* | Balto City. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Francis Anderson |
| *Address* | No 30 Mc. Cubbin st |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69624

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT FEB 17 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 15
4. Place of Birth, (Street and Number) Spring St do 7 Baltimore
5. Full Name of Mother, Mary Ellen Boggs
6. Mother's Maiden Name, Mary Ellen Morgan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elston Boggs
9. Father's Occupation, Oyster Shucker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Chase

Address, Girls Court do 11

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

69625

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, February 15th 1884

4. Place of Birth, (Street and Number) 200 S Bond st

5. Full Name of Mother, Sophia Frances

6. Mother's Maiden Name, " Schwartz

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Frances

9. Father's Occupation, Driver

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bell

Address,

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN E. POST & CO., CITY PRINTERS AND STATIONERS.

69636

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Febr. 15. 84.
4. Place of Birth, (Street and Number) S. Schappel str No 16
5. Full Name of Mother, Josephine Lange
6. Mother's Maiden Name, Gross
7. Mother's Birthplace, Hessen
8. Full Name of Father, Franz Lange
9. Father's Occupation, Tailor
10. Father's Birthplace, Baden

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Rauhud

Address, S. Wolf Ga 14

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69627

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of February
4. *Place of Birth, (Street and Number)* 254 Harford Ave.
5. *Full Name of Mother,* Kate Buechner
6. *Mother's Maiden Name,* Kate Brinan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Buechner
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Dr. Wm Walter

*Address,* 125 N. Caroline St.

*Remarks,*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69628

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 Feb.
4. Place of Birth, (Street and Number) 88 Aisquith
5. Full Name of Mother, Amila Earle
6. Mother's Maiden Name, Yute
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Earle
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Carter

Address, 72. E. Lombard

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69629

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. 13th 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Parish st. No. 47 |
| 5. *Full Name of Mother,* | Susan Rotenick |
| 6. *Mother's Maiden Name,* | Purdon |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George Rotenick |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. C. Mitchell |
| *Address,* | No. 58 Parkin st |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall offer the same or a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in like manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

67630

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 15th, 1884
4. Place of Birth, (Street and Number) Baltimore Woodward st. No 28
5. Full Name of Mother, [redacted] Elizabeth Waylor
6. Mother's Maiden Name, Elizabeth Love
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Waylor
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No 58 Parkin st.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

69631

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 15th February
4. Place of Birth (Street and Number) No 37. Baw St
5. Full Name of Mother Mary H. Vicks
6. Mother's Maiden Name " Krebs
7. Mother's Birthplace Baltimore
8. Full Name of Father William P. Vicks
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mr Mary Horrigan

Address 112 Scott St

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69632

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT FEB 10 1924 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | W. |
| 3. *Date of Birth,* | 15th July 1894 |
| 4. *Place of Birth, (Street and Number)* | 230 Conway St. |
| 5. *Full Name of Mother,* | Emma Miller |
| 6. *Mother's Maiden Name,* | " Hamel |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Max Miller |
| 9. *Father's Occupation,* | mechanic |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | A. W. Dodge M.D. |
| *Address,* | 207 Penna Ave |
| *Remarks,* | |

JOHN B. PILEY & CO., CITY PRINTERS AND STATIONERS.

69633

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
19
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | W |
| *3. Date of Birth* | 15th Feb |
| *4. Place of Birth (Street and Number)* | No. 21. Parkin St |
| *5. Full Name of Mother* | Minnie Brady |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Reid |
| *9. Father's Occupation* | Foreman |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Mary Hannigan |
| *Address* | 112 Scott St |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69634

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Feby 15th 1884

141

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feby. 15th to 1884 |
| 4. *Place of Birth, (Street and Number)* | No 12 Patterson Park ave |
| 5. *Full Name of Mother,* | Maggie A Stalkey |
| 6. *Mother's Maiden Name,* | " Amerman |
| 7. *Mother's Birthplace,* | Europe |
| 8. *Full Name of Father,* | Joseph N Stalkey |
| 9. *Father's Occupation,* | Butcher |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return | ~~Dr. J. Rush~~ Susan Morgan |
| *Address,* | No 47 North Durham Street |
| *Remarks,* | |

© DULANY & CO., CITY PRINTERS AND STATIONERS

69635

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. FEB 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 15th 1884.
4. Place of Birth, (Street and Number) No 128 Fort Evenue
5. Full Name of Mother, Anna Scheiner
6. Mother's Maiden Name, Anna Blarcke
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Scheiner
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Cathrine Hannung

Address, No 18 Byrd st.

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN K. PIET & SON, CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

69636

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 Forrest Place
4. *Place of Birth, (Street and Number)* 15th Feb 1884
5. *Full Name of Mother,* Kate Brien
6. *Mother's Maiden Name,* Dennis
7. *Mother's Birthplace,* Australia
8. *Full Name of Father,* Henry Brien
9. *Father's Occupation,* Basket maker
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Rulbig

*Remarks,* # 48 Holland Str

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...N B. PIET & CO., CITY PRINTERS AND STATIONERS.

67637

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First (1st)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 15th 1884
4. Place of Birth, (Street and Number) No. 353 East Monument Street
5. Full Name of Mother, Mrs. Margaret Amelia Thompson
6. Mother's Maiden Name, Miss M. A. Richardson
7. Mother's Birthplace, Dorchester County Maryland
8. Full Name of Father, Mr. George Washington Thompson
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Wm. H. Clendinen M.D.

Address, No. 102 N. Broadway

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

MIN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69638

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Feb. 15th
4. *Place of Birth (Street and Number)* 230 Chew St.
5. *Full Name of Mother* Carry Holmes
6. *Mother's Maiden Name* Carry Johnson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Holmes
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Thos J Simmons M.D

*Address*

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69639

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* feb the 15
4. *Place of Birth, (Street and Number)* Baltimore fort av No 83
5. *Full Name of Mother,* Emma F trout
6. *Mother's Maiden Name,* Emma F Gepp
7. *Mother's Birthplace,* Woodbine Carroll Co Md
8. *Full Name of Father,* John W trout
9. *Father's Occupation,* engineer
10. *Father's Birthplace,* Fredrick Co Md

*Name of Medical Attendant,* or other Person who makes this Return Elizabeth Hathorn

*Address,* william st No 3y4

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69640

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 15 of Feb 1884
4. *Place of Birth, (Street and Number)* Baltimore 106 N. Ballast
5. *Full Name of Mother,* Helen Smith
6. *Mother's Maiden Name,* Helen Inness
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John T W Inness
9. *Father's Occupation,* Porter Balto.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return

*Address,*

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69641

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White. Feb 15. 1883 |
| 3. *Date of Birth,* | Lucern st |
| 4. *Place of Birth, (Street and Number)* | |
| 5. *Full Name of Mother,* | K. Seifert |
| 6. *Mother's Maiden Name,* | K. Mehr |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | A. Seifert |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | No 193 S. Peters st |
| *Remarks,* | L Tracy |

HIS F. PIET & CO., CITY PRINTERS AND STATIONERS.

6962

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, that it shall be the duty of every person who shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 of February
4. Place of Birth, (Street and Number) No 1 Winterlings Court (Madeira Alley)
5. Full Name of Mother, Anny Ekers
6. Mother's Maiden Name, = Bofeb
7. Mother's Birthplace, Bavaria ? (Germ)
8. Full Name of Father, John Ekers
9. Father's Occupation, Laborer
10. Father's Birthplace, Wiesbaden (Germ)

Name of Medical Attendant, or other Person who makes this Return Mrs G. Behnken

Address, 54 Essex Ste

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

6964

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB. 26 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Febry 15 — 84

4. Place of Birth, (Street and Number) 39 E Balto: St.

5. Full Name of Mother, Kate Thomson

6. Mother's Maiden Name, " Kirl

7. Mother's Birthplace, City

8. Full Name of Father, Chas. Thomson

9. Father's Occupation, Carpenter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return F. Gillespie MD.

Address, 1, S, Exeter St.

Remarks,

WM. A. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

69644

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT FEB 15 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | Color |
| 3. *Date of Birth,* | december 16 |
| 4. *Place of Birth, (Street and Number)* | Howard St 123 |
| 5. *Full Name of Mother,* | melvina Derry |
| 6. *Mother's Maiden Name,* | grass |
| 7. *Mother's Birthplace,* | calvert Co |
| 8. *Full Name of Father,* | John Derry |
| 9. *Father's Occupation,* | draymen |
| 10. *Father's Birthplace,* | pinkerneck hunt Co |
| *Name of Medical Attendant,* or other Person who makes this Return | A Wilson |
| *Address,* | Cross St 368 |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69615

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 16th 1884

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* [illegible]

10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* [illegible]

*Remarks,*

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69646

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | ~~6~~ Child 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 16 February |
| 4. *Place of Birth, (Street and Number)* | 180 121 East Eager Street |
| 5. *Full Name of Mother,* | Mary Leland |
| 6. *Mother's Maiden Name,* | Mary Thenathy |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Michael Leland |
| 9. *Father's Occupation,* | Gardiner |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Lucas |
| *Address,* | 113 Harford Av |
| *Remarks,* | Baltimore Md |

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

6967

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
13
1894
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 Feb.
4. *Place of Birth, (Street and Number)* 28 Spring road
5. *Full Name of Mother,* Carrie Moon
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mike Moon
9. *Father's Occupation,* Musicianer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 12 E Lombard

*Remarks,*

of Baltimore, under whose ... of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N R. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69648

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 4 1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 16 Feb. 1884 |
| 4. *Place of Birth, (Street and Number)* | 108 George st. Baltimore |
| 5. *Full Name of Mother,* | Sallie N. Saumenring |
| 6. *Mother's Maiden Name,* | Sallie N Harvey |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Franz H. Saumenring |
| 9. *Father's Occupation,* | Porter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | D. W. Heldmann M.D. |
| *Address,* | 120 East N. Baltimore |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6464/9

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | February 16 1884 |
| 4. *Place of Birth, (Street and Number)* | 915 North Howard street |
| 5. *Full Name of Mother,* | Bertha Harris |
| 6. *Mother's Maiden Name,* | Dickens |
| 7. *Mother's Birthplace,* | Mary land |
| 8. *Full Name of Father,* | S. F. Harris |
| 9. *Father's Occupation,* | Waiter and Caterer |
| 10. *Father's Birthplace,* | Mary land |
| *Name of Medical Attendant,* or other Person who makes this Return | Henry Malone |
| *Address,* | 31 Little Monument street |
| *Remarks,* | Below |

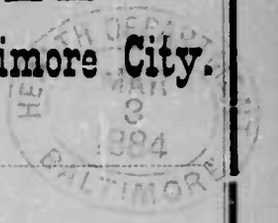
SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

64658

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14 Child.

1. Sex, (state whether male or female) boi
2. Race or Color, (if not of the white race) white
3. Date of Birth, 16 February
4. Place of Birth, (Street and Number) Chestnut St No 20
5. Full Name of Mother, Eva Hasselbach
6. Mother's Maiden Name, " " Kroler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Hasselbach
9. Father's Occupation, Tailor
10. Father's Birthplace, Hanveidein - Bavier

Name of Medical Attendant, or other Person who makes this Return Dr. J. Maurer

Address, Lombard St. No 218

Remarks,

SECTION 4.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

6761

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 3 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 birth |
| 1. *Sex, (state whether male or female)* | Boi |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 16 Februar |
| 4. *Place of Birth, (Street and Number)* | Alice Ann Str. No. |
| 5. *Full Name of Mother,* | Lina Leimbach |
| 6. *Mother's Maiden Name,* | " " Bergemaier |
| 7. *Mother's Birthplace,* | Marked — Hanover |
| 8. *Full Name of Father,* | Wilhelm Leimbach |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Oberweit — Sachsen |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr. D. Maurer |
| *Address,* | Lombard St. No 288 |
| *Remarks,* | |

SECTION 8.—The person in charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and may person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. IVET & CO., CITY PRINTERS AND STATIONERS.

69652

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of February 1884.
4. Place of Birth, (Street and Number) 102 Chester Street
5. Full Name of Mother, Louise Cleines
6. Mother's Maiden Name, Louise Linnement.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, James Linnement
9. Father's Occupation, Laborman.
10. Father's Birthplace, Delaware.

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 11 North Chapel St. per Justina Kunkel

Remarks, Healthy

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N P. FIET & CO., CITY PRINTERS AND STATIONERS.

69653

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 13 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) ~~February~~ ~~Feb.~~ Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 16 Feb.
4. Place of Birth, (Street and Number) 36 Watson
5. Full Name of Mother, ~~Reaphorn~~ Barbara Looker
6. Mother's Maiden Name, ~~Germany~~ Reaphorn
7. Mother's Birthplace, ~~Jake Looker~~ Germany
8. Full Name of Father, Jake Looker
9. Father's Occupation, Labourer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

69654

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 16 1884
4. *Place of Birth, (Street and Number)* No 181 Madison Ave
5. *Full Name of Mother,* Cecilia Rather
6. *Mother's Maiden Name,* Cecilia Switzer
7. *Mother's Birthplace,* Baltimore M D
8. *Full Name of Father,* Fredrick Rather
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Baltimore M D

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. Meslinski

*Address,* 345 Penn Avenue

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing this, every [illegible] of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69655

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 16, 1884
4. *Place of Birth, (Street and Number)* 13 E Clement
5. *Full Name of Mother* Louisa Wroten
6. *Mother's Maiden Name,* Louisa Rush
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Wroten
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Ann Nash

*Address,*

*Remarks,*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

69656

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 16 Feb 1884
4. *Place of Birth, (Street and Number)* 321 N Gay st
5. *Full Name of Mother,* Sarah Weaver
6. *Mother's Maiden Name,* Jacobi
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Daniel Weaver
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other Person who makes this Return Mrs R Albig

*Address,* 

*Remarks,* # 48 Holland st

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N B. PIET & CO., CITY PRINTERS AND STATIONERS.

69657

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby 16-84
4. *Place of Birth, (Street and Number)* 79 E. Pratt St
5. *Full Name of Mother,* Kate Thirlkel
6. *Mother's Maiden Name,* Kate Crane
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John W. C. Thirlkel
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Wm Reid B Gaberson

*Address,* No 25 [illegible]

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing [illegible] of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

69618

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| Child of Mother (state whether 1st, 2d, 3d, &c.) | 5th + 6th Twins |
| (state whether Male or Female) | Female |
| or Color (if not of the white race) | White American |
| of Birth | February 16th 1884 |
| e of Birth (Street and Number) | 41 Mt. Vernon Place |
| Name of Mother | Alice Clendinen Shriver |
| er's Maiden Name | |
| er's Birthplace | Baltimore |
| Name of Father | Thomas R. Clendinen |
| r's Occupation | Attorney at Law |
| er's Birthplace | Baltimore |
| ne of Medical Attendant, or other Person who makes this Return. | L. E. Lindsay M.D. |
| ress | 167 Park Av. |
| arks | |

# RETURN OF A BIRTH

69659

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | February 16 1884 |
| 4. *Place of Birth, (Street and Number)* | 41 Harrison ave |
| 5. *Full Name of Mother,* | Florence Bitters |
| 6. *Mother's Maiden Name,* | Florence Inglehart |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Frank Bitters |
| 9. *Father's Occupation,* | Mechanic |
| 10. *Father's Birthplace,* | Steed Jersey |
| *Name of Medical Attendant,* or other Person who makes this Return | H. B. Noble M.D. |
| *Address,* | 50 Harrison ave |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69660

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th
4. *Place of Birth (Street and Number)* 374 Washington St.
5. *Full Name of Mother* Theresa Sweigler
6. *Mother's Maiden Name* Theresa Murphy
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph P. Sweigler
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. Thomas J. Simms M.D.

*Address* 922 S. Bway

*Remarks*

69661

# RETURN OF A BIRTH,

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 16 - 84 -
4. *Place of Birth, (Street and Number)* 69 N. Pine St
5. *Full Name of Mother* Kate Koheheip
6. *Mother's Maiden Name* Vorndran
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Anton Koheheip
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore Md,

*Name of Medical Attendant,* or other Person who makes this Return. Louis W. Knight M.D

*Address* 112 N Greene St

*Remarks*

69662

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 25
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 of February
4. Place of Birth, (Street and Number) Rob Street
5. Full Name of Mother, Amy Hohenstein
6. Mother's Maiden Name, = Reid
7. Mother's Birthplace, Cumberland
8. Full Name of Father, Wilhelm Hohenstein
9. Father's Occupation, Coal Business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E. Behnken

Address, 54 Essex St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69663

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Feby. 17th. 1884
4. *Place of Birth, (Street and Number)* 151 So Bethel
5. *Full Name of Mother,* Mary A. Kreggmwinkel
6. *Mother's Maiden Name,* " " Gephart
7. *Mother's Birthplace,* Bile.
8. *Full Name of Father,* Conrad Kreggmwinkel
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return G. L. Wirstine

*Address,* 77 S. Broadway.

*Remarks,*

of Baltimore, under whose charge or supervisionance a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. P. PIET & CO., CITY PRINTERS AND STATIONERS.

69664

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 17th of February 1884.
4. *Place of Birth, (Street and Number)* 45 South Durham Street.
5. *Full Name of Mother,* Mary Zorn.
6. *Mother's Maiden Name,* Mary Schamberger.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Joseph Schamberger.
9. *Father's Occupation,* House carpenter.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Runkel

*Address,* 11 North Chapel St. per Justina Runkel

*Remarks,* Healthy.

... exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... P. PIET & CO., CITY PRINTERS AND STATIONERS.

69665

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ~~Negro~~ Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Feby 17 - '84
4. Place of Birth, (Street and Number) Mason alley -
5. Full Name of Mother, Emma Small
6. Mother's Maiden Name, —
7. Mother's Birthplace, Charles Co - Md -
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return Henry Chandlee M.D.

Address, 181 Linden Ave.

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. PIET & CO., CITY PRINTERS AND STATIONERS.

69666

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 17th 84
4. *Place of Birth, (Street and Number)* 288 S. Paca St.
5. *Full Name of Mother,* Anna Pollard
6. *Mother's Maiden Name,* Goonan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos J Pollard
9. *Father's Occupation,* Produce Dealer
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other Person who makes this Return Thomas Opie MD

*Address,* 179 N. Howard

*Remarks,* Balt

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PILT & CO., CITY PRINTERS AND STATIONERS.

69667

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 13 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 17
4. *Place of Birth, (Street and Number)* Liberty Alley No 42
5. *Full Name of Mother,* Ellen Sproul
6. *Mother's Maiden Name,* Ellen Truelove
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Samuel Sproul
9. *Father's Occupation,* Mechanic
10. *Father's Birthplace,* New Jersey

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Sarah Wooden No 120 Green Mount Avenue

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

69668

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | M |
| 2. *Race or Color, (if not of the white race)* | W |
| 3. *Date of Birth,* | Feb 17 1884 |
| 4. *Place of Birth, (Street and Number)* | 89 Argyle Av |
| 5. *Full Name of Mother,* | Linnie Bagley Townsend |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Pa |
| 8. *Full Name of Father,* | Gilbert F Bagley |
| 9. *Father's Occupation,* | Painter |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return | D R. Winslow |
| *Address,* | 201 W. Biddle st |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feby 17 – 84 |
| 4. *Place of Birth, (Street and Number)* | 363 north Gay |
| 5. *Full Name of Mother,* | Esther Davis |
| 6. *Mother's Maiden Name,* | Esther Green |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Israel Davis |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Poland |
| *Name of Medical Attendant,* or other Person who makes this Return | D O Wayne MD |
| *Address,* | 197 Aisquith St |
| *Remarks,* | City |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69670

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 17th 1884
4. *Place of Birth, (Street and Number)* No 25 Gough St Baltimore
5. *Full Name of Mother,* Sarah Cohee
6. *Mother's Maiden Name,* " Thompson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Cohee
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Cecil County Maryland

*Name of Medical Attendant,* or other Person who makes this Return Mrs Hannah Knowles

*Address,* 136 S Caroline St.

*Remarks,*

of Baltimore, under whose charge of superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. F. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69671

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. 17, 1884 |
| 4. *Place of Birth, (Street and Number)* | 153 Williams st |
| 5. *Full Name of Mother* | Alice Dunnock |
| 6. *Mother's Maiden Name,* | " " Jones |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Samuel Dunnock |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

O DULANY & CO., CITY PRINTERS AND STATIONERS

69672

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT FEB 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 17 1884
4. Place of Birth, (Street and Number) No 10 Baker Court
5. Full Name of Mother, Catherine Hennessey
6. Mother's Maiden Name, Hubert
7. Mother's Birthplace, Germeney
8. Full Name of Father, John Hennessey
9. Father's Occupation, Laborer
10. Father's Birthplace, Germeney

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 No Paynelton St

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. HUEY & CO., CITY PRINTERS AND STATIONERS.

69673

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 d.

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White race.
3. *Date of Birth* Feb. 17th 1884.
4. *Place of Birth, (Street and Number)* 667 Sight. st.
5. *Full Name of Mother* Minnie Kersey.
6. *Mother's Maiden Name* " Rippel.
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Michael Kersey.
9. *Father's Occupation* Saddler.
10. *Father's Birthplace* Ireland.

*Name of Medical Attendant,* or other Person who makes this Return. Annie Geems.

*Address*

*Remarks*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

69674

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* N
3. *Date of Birth,* 2 17th 84
4. *Place of Birth, (Street and Number)* 53 S Stricker St
5. *Full Name of Mother,* Lilia Ia Allen
6. *Mother's Maiden Name,* " " Ripple
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Alex A Allen
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return Bulina M

*Address,* 469 N Fayette St

*Remarks,* R. C. J. Int. Funeral

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69671

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 17th 1884
4. *Place of Birth, (Street and Number)* No. 1 Dewberry alb
5. *Full Name of Mother,* Maggie Arold
6. *Mother's Maiden Name,* " " Reese
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* Geo. Arold
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore M. D.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Seelbach

*Address,*

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...N B. PIET & CO., CITY PRINTERS AND STATIONERS.

69676

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Cop 3

1. Sex, (state whether male or female) Cop

2. Race or Color, (if not of the white race) 17 February

3. Date of Birth,

4. Place of Birth, (Street and Number) 264 Central Avenue

5. Full Name of Mother, Anna Grossmann

6. Mother's Maiden Name, Anna Grau

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Grossmann

9. Father's Occupation, Taylor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address, 239 E. Eager Street

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N P. PIET & CO., CITY PRINTERS AND STATIONERS.

69677

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first child |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | february 17th 1884 |
| 4. *Place of Birth, (Street and Number)* | 41 Arlington Av |
| 5. *Full Name of Mother,* | Elizabeth Preston |
| 6. *Mother's Maiden Name,* | " " " Smith |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | James Henry Preston |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Susan Hunter |
| *Address,* | 21 No Pappleton St |
| *Remarks,* | |

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance than the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the Births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIET & CO., CITY PRINTERS AND STATIONERS.

69678

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 17th 1884.
4. Place of Birth, (Street and Number) 216 Mosher St.
5. Full Name of Mother, Carrie V. Hughes
6. Mother's Maiden Name, Carrie V. Donahoe
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William M. Hughes
9. Father's Occupation, Druggist
10. Father's Birthplace, Mobile Alabama

Name of Medical Attendant, or other Person who makes this Return James Bacon M. D.

Address, Cor Arlington ave & Mosher St.

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69679

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | February 17th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 306 Alabama St. |
| 5. *Full Name of Mother,* | Mrs Annie Dutton |
| 6. *Mother's Maiden Name,* | Miss Annie Brooks |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Mr Joseph Dutton |
| 9. *Father's Occupation,* | Foreman of Packinghouse |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Rachel A. Garrett |
| *Address,* | No 65 Burke St. |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69650

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th of February
4. Place of Birth, (Street and Number) 362 Canton Ave.
5. Full Name of Mother, Augusta Wills
6. Mother's Maiden Name, Kranziger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius Wills
9. Father's Occupation, Grocer and Milk Business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E. Bohnken

Address, 54 Essex St.

Remarks,

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

MIX E. PIET & CO., CITY PRINTERS AND STATIONERS.

69 681

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 of February
4. *Place of Birth, (Street and Number)* No 2 Cannon St (Canton)
5. *Full Name of Mother,* M Bohne
6. *Mother's Maiden Name,* Römer
7. *Mother's Birthplace,* Hessen (Germ)
8. *Full Name of Father,* David Bohne
9. *Father's Occupation,* Beer Brouwer
10. *Father's Birthplace,* Hessen (Germ)

*Name of Medical Attendant,* or other Person who makes this Return Mrs G. Behnken

*Address,* 54 Esser St.

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69682

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 4 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb. 18th 84

4. *Place of Birth, (Street and Number)* 188 Lexington St

5. *Full Name of Mother,* Catharine Krapp

6. *Mother's Maiden Name,* " Schuerman

7. *Mother's Birthplace,* Prussia

8. *Full Name of Father,* Henry Krapp

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Prussia

*Name of Medical Attendant,* or other Person who makes this Return Mary Roth

*Address,* 328 S Eutaw St

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall accept a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N F. VIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

67653

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 2 1894
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th, Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 18th.
4. Place of Birth, (Street and Number) 501 Division Street.
5. Full Name of Mother, Margrett Jane Brueshmiller.
6. Mother's Maiden Name, " " Brayden.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Theodore Brueshmiller.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby

Address, 269 Cathedral Street.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

69/84

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)* .....

1. *Sex, (state whether male or ~~female~~)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* Febr. 18. 84.
4. *Place of Birth, (Street and Number)* E. Pratt str. 206
5. *Full Name of Mother,* Barbara Wolf
6. *Mother's Maiden Name,* Salzey
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Julius Wolf
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Harvey Co.

*Name of Medical Attendant,* or other Person who makes this Return Mr. Joh. Baubach

*Address,* S. Wolf No. 14

*Remarks,* .....

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69685

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Baltimore, under whose charge or supervision a ... exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb 18th 84 |
| 4. *Place of Birth, (Street and Number)* | 1161 Columbia Ave |
| 5. *Full Name of Mother,* | Charlotte Schell |
| 6. *Mother's Maiden Name,* | Bast |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Berthold Schell |
| 9. *Father's Occupation,* | Cabinet maker |
| 10. *Father's Birthplace,* | Prussia |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Roth |
| *Address,* | 1328 S Eutaw St |
| *Remarks,* | |

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

...N P. PIET & CO., CITY PRINTERS AND STATIONERS.

69686

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 18th 84
4. *Place of Birth, (Street and Number)* # 3 L. Paca St.
5. *Full Name of Mother,* Mary Sachse
6. *Mother's Maiden Name,* " Roedle
7. *Mother's Birthplace,* Hessen Darmstadt
8. *Full Name of Father,* Ther Sachse
9. *Father's Occupation,* Watch-maker
10. *Father's Birthplace,* Prussia

*Name of Medical Attendant,* or other Person who makes this Return Mary Kroh

*Address,* # 328 S. Eutaw St.

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HN F. PIET & CO., CITY PRINTERS AND STATIONERS.

69687

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feby 18. 1884 |
| 4. *Place of Birth, (Street and Number)* | Fred'k av near Fulton st |
| 5. *Full Name of Mother,* | Sophia W Gales |
| 6. *Mother's Maiden Name,* | Sophia Weidman |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Charles Gales |
| 9. *Father's Occupation,* | Stonecutter |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return | James Boeley MD |
| *Address,* | 39 Hollins st |
| *Remarks,* | |

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. PIET & CO., CITY PRINTERS AND STATIONERS.

69688

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT FEB 18 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* two Female twins
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Feb 18th 1884
4. *Place of Birth, (Street and Number)* No 4 Vincent st
5. *Full Name of Mother,* Miriah Davis
6. *Mother's Maiden Name,* Miriah Washington
7. *Mother's Birthplace,* Esig Co Via
8. *Full Name of Father,* Louis Davis
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Esig Co Via

*Name of Medical Attendant,* or other Person who makes this Return Chollottee Warn

*Address,* 258 Raborg st

*Remarks,* Born in 7 month yet alive but not Expected to Live the Cause supposed to Live Walk

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN B. PITT & CO., CITY PRINTERS AND STATIONERS.

69689

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Feby. 18/84
4. Place of Birth, (Street and Number) 9/4 Fairmount av
5. Full Name of Mother, Sophie Miller
6. Mother's Maiden Name, " Waller
7. Mother's Birthplace, B'lo
8. Full Name of Father, Richard A. Miller
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, B'lo

Name of Medical Attendant, or other Person who makes this Return J. L. Wilkins

Address, 77 S. Brady

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. P. PIET & CO., CITY PRINTERS AND STATIONERS.

67690

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
FEB
19
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Lev Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 18, 1884.
4. *Place of Birth, (Street and Number)* Orleans St. No. 185
5. *Full Name of Mother,* Ella Fitzel
6. *Mother's Maiden Name,* Ella Irving
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John L. Fitzel
9. *Father's Occupation,* Broom maker
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return, Mary E. Miller

*Address,* 1, Dallas St. No 26

*Remarks,*

SECTION 6.—And be it further enacted, that every person in charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | July 18 – 84 |
| 4. *Place of Birth, (Street and Number)* | 196 North Bethel |
| 5. *Full Name of Mother,* | Lana Williams |
| 6. *Mother's Maiden Name,* | Lana Chester |
| 7. *Mother's Birthplace,* | Balt |
| 8. *Full Name of Father,* | Wm D Williams |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Balt |
| *Name of Medical Attendant,* or other Person who makes this Return | D V Mayer MD |
| *Address,* | 192 Aisquith St |
| *Remarks,* | City |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69692

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 18th 1884
4. *Place of Birth, (Street and Number)* 1303 W. Biddle St.
5. *Full Name of Mother,* Christina [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* William [illegible]
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* [illegible]

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69693

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Clored
3. *Date of Birth,* feb 18 1884
4. *Place of Birth, (Street and Number)* 39 hamstard St
5. *Full Name of Mother,* Sarah yane morgan
6. *Mother's Maiden Name,* Sarah yane Swann
7. *Mother's Birthplace,* Saint marys Co md
8. *Full Name of Father,* John W morgan
9. *Father's Occupation,* Steven door
10. *Father's Birthplace,* Saint marys Co md

*Name of Medical Attendant,* or other Person who makes this Return: Mie dalken

*Address,* 122 north dallas St

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

69693

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3th

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) Clored
3. *Date of Birth*, feb 18 1884
4. *Place of Birth*, (*Street and Number*) 39 hamstard St
5. *Full Name of Mother*, Sarah jane Morgan
6. *Mother's Maiden Name*, Sarah jane Swann
7. *Mother's Birthplace*, Saint marys Co md
8. *Full Name of Father*, John W Morgan
9. *Father's Occupation*, Steven door
10. *Father's Birthplace*, Saint marys Co md

*Name of Medical Attendant*, or other Person who makes this Return: Mie dalken

*Address*, 122 north dallas St

*Remarks*,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

69694

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 25 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* February 18
4. *Place of Birth, (Street and Number)* no 122 Redaster St
5. *Full Name of Mother,* Alles ouan nell
6. *Mother's Maiden Name,* Ales bell
7. *Mother's Birthplace,* Wan Sester - Co
8. *Full Name of Father,* Willaminman nell
9. *Father's Occupation,* driver
10. *Father's Birthplace,* Wan Sester - Co

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* H. H. Smith 100 mbeldery St

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69695

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 18th
4. *Place of Birth, (Street and Number)* No. 8 Laurel st.
5. *Full Name of Mother,* Caroline Prüssing
6. *Mother's Maiden Name,* " " Kimmel
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* John Prüssing
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophia Siemann

*Address,* No. 10 Granby st.

*Remarks,*

[illegible] exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] P. PIET & CO., CITY PRINTERS AND STATIONERS.

69696

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Ninth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 18th 1884 |
| 4. *Place of Birth, (Street and Number)* | 52 N Clifford St |
| 5. *Full Name of Mother,* | Mary Ebert |
| 6. *Mother's Maiden Name,* | Mary Cushman |
| 7. *Mother's Birthplace,* | England |
| 8. *Full Name of Father,* | Jno Henry Ebert |
| 9. *Father's Occupation,* | Driver |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Bagge |
| *Address.* | 1206 Cooks St |
| *Remarks.* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

69697

HEALTH DEPARTMENT FEB 23 1894 BALTIMORE

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* femail
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 18th
4. *Place of Birth, (Street and Number)* No. 393 Scott St.
5. *Full Name of Mother,* Margret Fleury
6. *Mother's Maiden Name,* " Utz
7. *Mother's Birthplace,* Bank St. near Bond
8. *Full Name of Father,* Charles Fleury
9. *Father's Occupation,* Machine hand
10. *Father's Birthplace,* New York

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Amelia Range

*Remarks.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69698

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* feb the 18
4. *Place of Birth, (Street and Number)* Baltimore Battery Av No 1-17
5. *Full Name of Mother,* Kate Dudley
6. *Mother's Maiden Name,* Bisser
7. *Mother's Birthplace,* york pa
8. *Full Name of Father,* Orlanday Dudley
9. *Father's Occupation,* labour
10. *Father's Birthplace,* virginia

*Name of Medical Attendant,* or other Person who makes this Return Elizabeth Hathorn

*Address,* William St No 374

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69699

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 19th 1884 eighty-four
4. Place of Birth, (Street and Number) No 5 McElderystreet
5. Full Name of Mother, Sarah Hochhumer
6. Mother's Maiden Name, Sarah Hollander
7. Mother's Birthplace, Russia
8. Full Name of Father, Charles Hochberger
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Tustmann

Address, No 6 Broad Alley Lombardst.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O DULANY & CO., CITY PRINTERS AND STATIONERS

69700

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)* .....

1. *Sex, (state whether ~~male~~ or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* Febr. 19. 84.
4. *Place of Birth, (Street and Number)* S. Register No 20
5. *Full Name of Mother,* Johanna Zoll
6. *Mother's Maiden Name,* Winkler
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Karl Zoll
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Baubud,

*Address,* S. Wolf No 14

*Remarks,* .....

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69701

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* wht
3. *Date of Birth,* Feb 14 1884. (a lovely sixteen valentine)
4. *Place of Birth, (Street and Number)* 153 N Poca.
5. *Full Name of Mother,* Carrie M Houck
6. *Mother's Maiden Name,* " " Wright
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jno. J Houck
9. *Father's Occupation,* employé Balto City Fire Dept.
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return G Lane Taneyhill

*Address,* 219 Madison ave

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. P. PIET & CO., CITY PRINTERS AND STATIONERS.

69702

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)*

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 19. 84.
4. *Place of Birth, (Street and Number)* S. Ann str No 190
5. *Full Name of Mother,* Barbara Rummel
6. *Mother's Maiden Name,* Kreid
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Andreas Rummel
9. *Father's Occupation,* Schuhmaker
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Wm. F. Raubach

*Address,* S. Wolf No 14

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HIS B. PIET & CO., CITY PRINTERS AND STATIONERS.

69703

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* ~~M~~ Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 19th 1884
4. *Place of Birth, (Street and Number)* 33 Port Alley
5. *Full Name of Mother,* Mary E Singlehaufer
6. *Mother's Maiden Name,* " " Boar
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Singlehaufer
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Betz

*Address,* 120 Bank

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PITT & CO., CITY PRINTERS AND STATIONERS.

69704

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 15

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15 February
4. *Place of Birth, (Street and Number)* 260 Eden street
5. *Full Name of Mother,* Catherine Hallameyer
6. *Mother's Maiden Name,* Hnollmeyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georges Hallameyer
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Oberexhenbach Bavern

*Name of Medical Attendant,* or other Person who makes this Return Anna Walter

*Address,* 239 E. Eager street

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. P. PIET & CO., CITY PRINTERS AND STATIONERS.

69705

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 19th 84
4. *Place of Birth, (Street and Number)* # 131 L. Green St.
5. *Full Name of Mother,* Mary Klein
6. *Mother's Maiden Name,* Kletch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Klein
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Prussia

*Name of Medical Attendant,* or other Person who makes this Return Mary Kroh

*Address,* # 328 S. Eutaw St.

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...N B. PIET & CO., CITY PRINTERS AND STATIONERS.

69706

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh.

1. *Sex (~~state whether Male or~~ Female)*
2. *Race ~~or Color (if not of the~~ white race)*
3. *Date of Birth* Feb 19th 84
4. *Place of Birth (Street and Number)* 42 Hillman St
5. *Full Name of Mother* Laura Virginia Livingstone
6. *Mother's Maiden Name* " Ozea.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Chas W Livingstone
9. *Father's Occupation* Printer
10. *Father's Birthplace* Va

*Name of Medical Attendant, or other Person who makes this Return.* Irving Miller M.D.

*Address* No 179 East Monument Street

*Remarks*

69707

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th and 6th Twines,

1. *Sex (state whether male or female)* Males,
2. *Race or Color (if not of the white race)* White race,
3. *Date of Birth* 19th of February 1884.
4. *Place of Birth (Street and Number)* No 33 Beadle Alley,
5. *Full Name of Mother* Mary Dahl,
6. *Mother's Maiden Name* Mary Ginter,
7. *Mother's Birthplace* in Baltimore
8. *Full Name of Father* Jacob Dahl,
9. *Father's Occupation* a Laborer
10. *Father's Birthplace* in Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Theresa Geller

*Address* No 35 Beadle Alley,

*Remarks*

69708

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in Charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feby 19th 1884. |
| 4. *Place of Birth, (Street and Number)* | 436 E. Lombard St. |
| 5. *Full Name of Mother,* | Laura B. Bartlett |
| 6. *Mother's Maiden Name,* | Laura B. Teal |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Jas L. Bartlett |
| 9. *Father's Occupation,* | Coal Dealer |
| 10. *Father's Birthplace,* | Zanesville O. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno F. Powell M.D. |
| *Address,* | 227 Cathedral St. |
| *Remarks,* | Child Healthy |

HEALTH DEPT FEB 19 1884 BALTIMORE

JOHN B. PIET, PRINTER & STATIONER, BALT.

69709

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 19th 84
4. *Place of Birth, (Street and Number)* 350 Holland St
5. *Full Name of Mother,* Lottie Mecken
6. *Mother's Maiden Name,* Roedel
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Henry Mecken
9. *Father's Occupation,* Cigar Manufacturer
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return M. J. Lennan

*Address,* 86 Frederick ave

*Remarks,* Fine healthy child (not named)

of Baltimore, under which charge of superintendent, and a bit of blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. P. PIET & CO., CITY PRINTERS AND STATIONERS.

64710

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 6 1884
BALTIMORE

*No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 5 th

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Feb 19 th 1884

4. *Place of Birth,* (*Street and Number*) No 20 Dover St

5. *Full Name of Mother,* Amanda Sheal

6. *Mother's Maiden Name,* A Hamburger

7. *Mother's Birthplace,* No Pa

8. *Full Name of Father,* Lorenz Sheal

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return C Deaver M

*Address,* No 827 Lombard St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... PRINTERS AND STATIONERS.

69711

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Birth of Child record one

1. *Sex, (state whether male or female)* a boy Child

2. *Race or Color, (if not of the white race)* Collard Child

3. *Date of Birth,* born on the 19 of February 1884

4. *Place of Birth, (Street and Number)* born No 60 Saraw Tst

5. *Full Name of Mother,* Ellen Mitchell

6. *Mother's Maiden Name,* Ellen Mathew

7. *Mother's Birthplace,* Pettsville Maryland

8. *Full Name of Father,* Charles Mitchell

9. *Father's Occupation,* Cater

10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return francis snowden

*Address,* No 60 Saraw street

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

69712

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Friday 19th 8 A.M.
4. *Place of Birth (Street and Number)* Maternite — 161 W Lombard
5. *Full Name of Mother* Emma Starker
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

*Name of Medical Attendant, or other Person who makes this Return.* Wm D McCutcheon MD

*Address* 161 W Lombard

*Remarks* —

69713

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 19th 1884
4. *Place of Birth, (Street and Number)* 55 Collington av
5. *Full Name of Mother,* Mary Wagner
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wagner
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Wiley

*Address,* No 12 Patterson Park av

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be paid to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PIET & ANS, CITY PRINTERS AND STATIONERS.

69714

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 2/19/84
4. Place of Birth (Street and Number) 161 W Lombard
5. Full Name of Mother Lucy Shorter
6. Mother's Maiden Name
7. Mother's Birthplace Maryland
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return W B M & Intoal MD

Address 161 W Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69718

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th of February 1884
4. *Place of Birth, (Street and Number)* No 18 S. Caren st
5. *Full Name of Mother,* Mrs Emma Elberts
6. *Mother's Maiden Name,* Miss Emma Ripley
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Francis A. Elberts
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Mrs Hunter

*Address,* 21 No Paca pelton St

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form to a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

69716

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

1. *Sex, (state whether male or female)* ~~Laire~~ Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 Febe 1884
4. *Place of Birth, (Street and Number)* N. 678 W. Baltimore Stet
5. *Full Name of Mother,* Rose Schmit
6. *Mother's Maiden Name,* Schmit
7. *Mother's Birthplace,* Garman
8. *Full Name of Father,* Charles Zahrendt
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Garman

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 No Poppelton St

*Remarks,*

PIET & CO., CITY PRINTERS AND STATIONERS.

69717

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FEB 23 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Feb 20 — 1884 |
| 4. *Place of Birth, (Street and Number)* | No 154 West St |
| 5. *Full Name of Mother,* | Regina Gebhardt |
| 6. *Mother's Maiden Name,* | Gebhardt |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | George Gebhardt |
| 9. *Father's Occupation,* | Gardener |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwarzer midwife |
| *Address,* | 330 Hanover st |
| *Remarks,* | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

6778

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 3 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, February 20th 1884

4. Place of Birth, (Street and Number) 54 S. Wolfe st

5. Full Name of Mother, Lina Behrens

6. Mother's Maiden Name, Lauenauer

7. Mother's Birthplace, City

8. Full Name of Father, Jacob Behrens

9. Father's Occupation, Sugar maker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bly

Address, 120 Bank St.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third days of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69719

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby 20th 1884
4. *Place of Birth, (Street and Number)* no 418 S Charles st
5. *Full Name of Mother,* Augusta Louisa Mainlein
6. *Mother's Maiden Name,* " Helmetag
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Mainlein
9. *Father's Occupation,* Carterer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Barth Münch

*Address,* 1 Seadenfall St

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...N P. PIET & CO., CITY PRINTERS AND STATIONERS.

69720

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 20th Feb. 1884 |
| 4. *Place of Birth, (Street and Number)* | #16 S. Chester St, |
| 5. *Full Name of Mother,* | Clara Elizabeth Paul Love |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Harford Co. Md. |
| 8. *Full Name of Father,* | George J. B. Paul |
| 9. *Father's Occupation,* | Sea Captain |
| 10. *Father's Birthplace,* | St. Mary's Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | E. F. Irons M.D. |
| *Address,* | #375 E. Balto. St. |
| *Remarks,* | |

WM. P. ELLET & CO., CITY PRINTERS AND STATIONERS.

69721

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 birth |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 20 Februar |
| 4. *Place of Birth, (Street and Number)* | Bank Str. No 20 |
| 5. *Full Name of Mother,* | Veroniga Nerv |
| 6. *Mother's Maiden Name,* | " " Eberwein |
| 7. *Mother's Birthplace,* | Zimethause Baiern |
| 8. *Full Name of Father,* | Peter Nerv |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Augstburg - Baiern |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs. Maurer |
| *Remarks,* | Lombard Str. No 278. |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69752

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | c |
| 3. *Date of Birth,* | February 26 84 |
| 4. *Place of Birth, (Street and Number)* | 175 Bond St |
| 5. *Full Name of Mother,* | Ellen Bannon |
| 6. *Mother's Maiden Name,* | Davis |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Thomas Bannon |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | England |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louise Kraft |
| *Address,* | 236 Eastern Ave |
| *Remarks,* | |

of Baltimore, under whose charge or supervision or where a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. T. PIET & CO., CITY PRINTERS AND STATIONERS.

64793

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 20, 1884
4. Place of Birth, (Street and Number) 14 Argyle Ave
5. Full Name of Mother, Laura Virginia Dubreuil Brunner
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Armand H. Dubreuil
9. Father's Occupation, Manager
10. Father's Birthplace, West Indies

Name of Medical Attendant, or other Person who makes this Return Mr. Sulock

Address, 1432 West Pratt Street

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

E. PHET & SON, CITY PRINTERS AND STATIONERS.

69724

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th 9th

1. *Sex, (state whether male or female)* Wh Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 20th 1884 eighty-four
4. *Place of Birth, (Street and Number)* 19 Mo-Elderystreet
5. *Full Name of Mother,* Ida Lewitzky
6. *Mother's Maiden Name,* Ida Lewinsky
7. *Mother's Birthplace,* Kiew Russia
8. *Full Name of Father,* Ruben Lewinsky
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Kiew, Russia

*Name of Medical Attendant,* or other Person who makes this Return Mrs Tustmann

*Address,* No 6 Broad - Alley Lombardst.

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

69 735

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Roscoe Conklin ~~———~~ Evans

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Feb 20th 1884
4. Place of Birth, (Street and Number) #2, N Calvert St
5. Full Name of Mother, Emma Evans
6. Mother's Maiden Name, Emma Clapton
7. Mother's Birthplace, Balto County
8. Full Name of Father, Franklin Evans
9. Father's Occupation, Porter
10. Father's Birthplace, Harford County

Name of Medical Attendant, or other Person who makes this Return Harriett Buckson

Address, GIVEN NAME ADDED 2-19-54 Forest St

Remarks, Balto City Md

FEB 22 1884 BALTIMORE

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69726

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Feby. 20th 1884 |
| 4. *Place of Birth, (Street and Number)* | 211 W. Fayette St. |
| 5. *Full Name of Mother,* | Jane Kraly. |
| 6. *Mother's Maiden Name,* | " Subel. |
| 7. *Mother's Birthplace,* | Balto. City. |
| 8. *Full Name of Father,* | John Kraly |
| 9. *Father's Occupation,* | Baker. |
| 10. *Father's Birthplace.* | Balto. City. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. N. Tall. M. D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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69727

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 20th. 1884.
4. *Place of Birth, (Street and Number)* 290 Lanvale St
5. *Full Name of Mother,* Elizabeth Lupus
6. *Mother's Maiden Name,* " Boncell
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Rudolph. E. Lupus
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return M. J. Leman

*Address,* 36 Frederick Ave

*Remarks,* hearty child (Irena Lupus name)

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N P. FIET & CO., CITY PRINTERS AND STATIONERS.

69718

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 21 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 20 1884.
4. Place of Birth, (Street and Number) Penna. Ave. Station B. & P. R. R.
5. Full Name of Mother, Laura C. Loafring
6. Mother's Maiden Name, Denoe
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Jno C. Loafring
9. Father's Occupation, Agt. B & P. R. R.
10. Father's Birthplace, Norway

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D. 431 Penn. Av. Cor. Wilson

Address.

Remarks.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a full and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JAS. B. PIET & CO., CITY PRINTERS AND STATIONERS.

64729

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Feb 21st 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feb 20th 1884
4. Place of Birth, (Street and Number) 45 Burke St.
5. Full Name of Mother, Lena Michelmann.
6. Mother's Maiden Name, Lena Kuhn.
7. Mother's Birthplace, America.
8. Full Name of Father, Charles Michelmann.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, No. 137 S. Wolfe St.

Remarks, —D

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall report the same to the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, are any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. T. HIRT & CO., CITY PRINTERS AND STATIONERS.

67730

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 26th 1884
4. Place of Birth, (Street and Number) 112 Howard st
5. Full Name of Mother, Annie Beckett
6. Mother's Maiden Name, Annie Hannan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael Beckett
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Annie Hussey she

Address, 345 Pennsylvania ave

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HIS E. PIET & CO., CITY PRINTERS AND STATIONERS.

6737

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 20th 1884
4. *Place of Birth, (Street and Number)* 118 Clinton St
5. *Full Name of Mother,* Sarah Ann Burch
6. *Mother's Maiden Name,* Fingerson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Burch
9. *Father's Occupation,* Brick Maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Wiley

*Address,* No 12 Patterson Park

*Remarks,*

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

69732

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 2 6th 1884
4. *Place of Birth, (Street and Number)* 459 Fremont st
5. *Full Name of Mother,* Mary Carson
6. *Mother's Maiden Name,* Mary Fritch
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Frederick Carson
9. *Father's Occupation,* Telegraph: Operator
10. *Father's Birthplace,* Baltimore, Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs Annie Mason chl

*Address,* 345 Pennsylvania ave

*Remarks,*

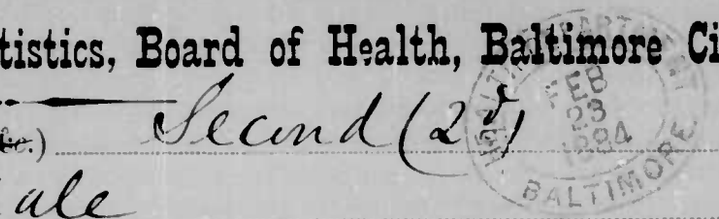
of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N B. PIET & CO., CITY PRINTERS AND STATIONERS.

67733

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**




No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Secund (2d)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 20th 1884
4. Place of Birth, (Street and Number) No. 321 East Monument Street
5. Full Name of Mother, Mrs Mary Elizabeth Johnson
6. Mother's Maiden Name, Miss M. E. Owens
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr George Melvin Johnson
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Wm H. Clendinen, M.D.

Address, No. 102 N. Broadway

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. B. PILE & CO., CITY PRINTERS AND STATIONERS.

69734

HEALTH DEPARTMENT FEB 23 1884 BALTIMORE

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2/20/84
4. *Place of Birth (Street and Number)* 161 W Lombard
5. *Full Name of Mother* Annie Hester
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Ireland
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. W P McIntosh MD

*Address* 161 W Lombard

*Remarks*

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

69735

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1) one paar of twins

1. Sex, (state whether male or female) females
2. Race or Color, (if not of the white race) white
3. Date of Birth, Februar 20-1884.
4. Place of Birth, (Street and Number) No. 31. Ramsey st
5. Full Name of Mother, Kate Schafer
6. Mother's Maiden Name, Kate Kerne
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Schafer
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia Sto

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

69736

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. 20. 1884 |
| 4. *Place of Birth, (Street and Number)* | 147 Hamburg st |
| 5. *Full Name of Mother* | Mary Fellthouse |
| 6. *Mother's Maiden Name,* | " " King |
| 7. *Mother's Birthplace,* | Washington |
| 8. *Full Name of Father,* | Philip E. Fellthouse |
| 9. *Father's Occupation,* | Sheet Iron Worker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Ann Nash |
| *Address,* | |
| *Remarks,* | |

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69737

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* (5th) fifth, Twin

1. *Sex, (state whether male or female)* Male & Female
2. *Race or Color, (if not of the white race)* Caucasians
3. *Date of Birth,* February 21st 1884.
4. *Place of Birth, (Street and Number)* 109 S. Stricker Street
5. *Full Name of Mother,* Barbara Anna Piller
6. *Mother's Maiden Name,* " " " " Sadtler
7. *Mother's Birthplace,* Shrewsbury, Pa.
8. *Full Name of Father,* John Piller
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Bavaria, Germany

*Name of Medical Attendant,* or other Person who makes this Return Anna Lindner

*Address,* No 45 S. Abomve St.

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] B. PILT & CO., CITY PRINTERS AND STATIONERS.

69738

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 21 February
4. Place of Birth, (Street and Number) 79 E. Fayette
5. Full Name of Mother, Mary Whinter
6. Mother's Maiden Name, Langwurtga
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Whinter
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard

Remarks,

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69739

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT. MAR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 21st 1884
4. *Place of Birth, (Street and Number)* No 193 S. Ann st
5. *Full Name of Mother,* Sarah Cushing
6. *Mother's Maiden Name,* Summers
7. *Mother's Birthplace,* City
8. *Full Name of Father,* James Cushing
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Ohio

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Bly

*Address,* 128 Bank st

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69740

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | February 21/84 |
| 4. *Place of Birth, (Street and Number)* | 105 Eastern Ave |
| 5. *Full Name of Mother,* | Mary Sengalina Peatri |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Italy |
| 8. *Full Name of Father,* | Joseph Sengalina |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Italy |
| *Name of Medical Attendant,* or other Person who makes this Return | Jas Louis Krafft |
| *Address,* | 236 Eastern Ave |
| *Remarks,* | |

...N F. SHEET & CO., CITY PRINTERS AND STATIONERS.

69741

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb 21st 84 |
| 4. *Place of Birth, (Street and Number)* | 68 S Howard St |
| 5. *Full Name of Mother,* | Emma Loring |
| 6. *Mother's Maiden Name,* | " Burks |
| 7. *Mother's Birthplace,* | Prussia |
| 8. *Full Name of Father,* | Henry Loring |
| 9. *Father's Occupation,* | Tinner |
| 10. *Father's Birthplace,* | Prussia |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Walsh |
| *Address,* | 328 S Eutaw St |
| *Remarks,* | |

HEALTH DEPARTMENT
MAR 4
1884
BALTIMORE

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

69742

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wht
3. Date of Birth, Feb. 21. 1884
4. Place of Birth, (Street and Number) Druid Hill ave extended
5. Full Name of Mother, Ida Cook
6. Mother's Maiden Name, " Gillard
7. Mother's Birthplace, Md
8. Full Name of Father, Agustus G Cook
9. Father's Occupation, Sta. Agt (Odenton) B & P. R.R.
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return G Lane Tancy hill

Address, 219 Madison ave.

Remarks, Face presentation, instruments, chloroform. Post Portum hemorrhage checked by application of ice. both child & mother doing well Mch 8. 1884

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

69743

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 21st 1884
4. *Place of Birth, (Street and Number)* 239 South Sharp st
5. *Full Name of Mother,* Katie Frank
6. *Mother's Maiden Name,* Katie Lohrman
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Frank
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return — Wm Correll M.D.

*Address,* 162 S. Sharp st

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

677114

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Female ~~White~~ 1884

2. Race or Color, (if not of the white race) White Feb 21

3. Date of Birth, Macherin Court

4. Place of Birth, (Street and Number)

5. Full Name of Mother, L. Marshall

6. Mother's Maiden Name, L. Preston

7. Mother's Birthplace, Baltimore

8. Full Name of Father. F. Marshall

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, No. 199 S. Chester St

Remarks, L. Fray

JOHN H. PIET & CO., CITY PRINTERS AND STATIONERS.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

6744

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 22 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 21st 1884
4. *Place of Birth, (Street and Number)* Whitecar St. 3rd door from Linden Ave
5. *Full Name of Mother,* Rosella Pulliard
6. *Mother's Maiden Name,* Rosella Jackson
7. *Mother's Birthplace,* Hyandotte Va
8. *Full Name of Father,* Jno Pulliard
9. *Father's Occupation,* Brick Layer
10. *Father's Birthplace,* Washington Co. N. C

*Name of Medical Attendant,* or other Person who makes this Return — P. G. Spencer M.D.

*Address,* 427 N. Stricker St.

*Remarks,*

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69746

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
21
1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Nov 6th 1883 |
| 4. *Place of Birth, (Street and Number)* | 273 Forest |
| 5. *Full Name of Mother,* | Sedonia Snyder |
| 6. *Mother's Maiden Name,* | " Harbaugh |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Joseph Snyder |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Silas N Hunter M.D. |
| *Address,* | 36 Greenmount Ave, |
| *Remarks,* | |

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

69747

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Nov 23rd 1883 |
| 4. *Place of Birth, (Street and Number)* | 248 E. Madison St |
| 5. *Full Name of Mother,* | Maggie Glasman |
| 6. *Mother's Maiden Name,* | " Flaxhart |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Benjamin Glasman |
| 9. *Father's Occupation,* | Plasterer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Silas W Hamlin M.D. |
| *Address,* | 36 Greenmount Ave. |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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# RETURN OF A BIRTH

69748

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
21
1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Dec. 26th 1883 |
| 4. *Place of Birth, (Street and Number)* | 307 Forest St |
| 5. *Full Name of Mother,* | Mary Agnes Mee |
| 6. *Mother's Maiden Name,* | " " Quigley |
| 7. *Mother's Birthplace,* | England |
| 8. *Full Name of Father,* | James Mee |
| 9. *Father's Occupation,* | Plumber |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Silas M Hunter MD |
| *Address,* | 36 Greenmount Ave |
| *Remarks,* | |

O DULANY & CO., CITY PRINTERS AND STATIONERS

69749

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sept 13th 1883 |
| 4. *Place of Birth, (Street and Number)* | 283 Forest St |
| 5. *Full Name of Mother,* | Emma Golden |
| 6. *Mother's Maiden Name,* | " Glasman |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Golden |
| 9. *Father's Occupation,* | Brass Finisher |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Silas N. Hamlin M.D. |
| *Address,* | 31 Greenmount Ave |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. D'LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

69750

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sept 26th 1883 |
| 4. *Place of Birth, (Street and Number)* | 26 Willow St |
| 5. *Full Name of Mother,* | Mary Carroll |
| 6. *Mother's Maiden Name,* | " Caffrey |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Carroll |
| 9. *Father's Occupation,* | House Mover |
| 10. *Father's Birthplace,* | Balto Co |
| *Name of Medical Attendant, or other Person who makes this Return* | L. M. Hunter MD. |
| *Address,* | 36 Eastmount Ave |
| *Remarks,* | |

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# RETURN OF A BIRTH

69757

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sept 26th 1883 |
| 4. *Place of Birth, (Street and Number)* | 8 Neighbor St. |
| 5. *Full Name of Mother,* | Victoria Fritag |
| 6. *Mother's Maiden Name,* | " Sachse |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | William Fritag |
| 9. *Father's Occupation,* | Painter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Silas M Burton M.D. |
| *Address,* | 36 Greenmount Ave |
| *Remarks,* | ( |

© KULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

69752

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) | 2nd |
| 1. *Sex,* (*state whether male or female*) | Female |
| 2. *Race or Color,* (*if not of the white race*) | White |
| 3. *Date of Birth,* | July 16th 1883 |
| 4. *Place of Birth,* (*Street and Number*) | 38 N Dallas St |
| 5. *Full Name of Mother,* | Mary Moore |
| 6. *Mother's Maiden Name,* | " Wilson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Randolph Moore |
| 9. *Father's Occupation,* | Hucksters |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | S. N. Hunter M.D. |
| *Address,* | 36 Greenmount Ave |
| *Remarks,* | |

HEALTH DEPARTMENT FEB 1884 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

69753

GIVEN NAME ADDED 12-12-57

To the Office of ~~Registrar of Vital Statistics,~~ Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

Name: Charles Edward Hush

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 ch

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6th 1883
4. Place of Birth, (Street and Number) 328 Mc Donough St
5. Full Name of Mother, Elizabeth Hush
6. Mother's Maiden Name, " Easter by
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hush
9. Father's Occupation, Fish Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return: S W. Herndon MD

Address, 36 Greenmount Ave.

Remarks,

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

69754

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Dec 7th 1883 |
| 4. *Place of Birth, (Street and Number)* | 190 Greenmount Ave |
| 5. *Full Name of Mother,* | Jane Kleinfelter |
| 6. *Mother's Maiden Name,* | " Anderson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Jeremiah Kleinfelter |
| 9. *Father's Occupation,* | Stone Mason & Cutter |
| 10. *Father's Birthplace,* | Pennsylvania |
| *Name of Medical Attendant,* or other Person who makes this Return | Silas N. Hamler M.D. |
| *Address,* | 36 Fremont Ave |
| *Remarks,* | |

© DULANY & CO., CITY PRINTERS AND STATIONERS

69755

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 8th 1883 |
| 4. *Place of Birth, (Street and Number)* | 78 E. Eager St |
| 5. *Full Name of Mother,* | Louise ~~[illegible]~~ De-Ved |
| 6. *Mother's Maiden Name,* | " Smith |
| 7. *Mother's Birthplace,* | New York (State) |
| 8. *Full Name of Father,* | George L. De-Ved |
| 9. *Father's Occupation,* | Iron Founder |
| 10. *Father's Birthplace,* | New York (State) |
| *Name of Medical Attendant,* or other Person who makes this Return | Silas W. Hunter MD. |
| *Address,* | 36 Greenmt Ave |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

69706

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 21 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) | Second |
| 1. *Sex*, (*state whether male or female*) | Male |
| 2. *Race or Color*, (*if not of the white race*) | White |
| 3. *Date of Birth*, | Sept 14th 1883 |
| 4. *Place of Birth*, (*Street and Number*) | 2 Young St |
| 5. *Full Name of Mother*, | Jennie Strickler |
| 6. *Mother's Maiden Name*, | " King |
| 7. *Mother's Birthplace*, | Balto, Md |
| 8. *Full Name of Father*, | Nicholas Strickler |
| 9. *Father's Occupation*, | Fish Dealer |
| 10. *Father's Birthplace*, | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return | Silas N. Hunter M.D. |
| *Address*, | 36 Greenmount Ave |
| *Remarks*, | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

6977

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 21 1894 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 6th 1893

4. *Place of Birth, (Street and Number)* 612 Fairmount St

5. *Full Name of Mother,* Mary A McCullough

6. *Mother's Maiden Name,* " " Candler

7. *Mother's Birthplace,* Balto Co

8. *Full Name of Father,* George McCullough

9. *Father's Occupation,* Stone mason

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Silas N Hunter MD

*Address,* 36 Fremont Ave

*Remarks,*

© DULANY & CO., CITY PRINTERS AND STATIONERS

69758

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, feb 21th 884
4. Place of Birth, (Street and Number) Green A # 3
5. Full Name of Mother, Kate Wheatly
6. Mother's Maiden Name, Kate Harris
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Wheatly
9. Father's Occupation, labor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Chollotz Proctor Wid Wife

Address, c/o 16 Carlton #

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & ASS., CITY PRINTERS AND STATIONERS.

69759

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Negress
3. Date of Birth 297 W Biddle St
4. Place of Birth (Street and Number) Feby 21/84
5. Full Name of Mother Fanny Bantaur
6. Mother's Maiden Name —
7. Mother's Birthplace Frederick City Md
8. Full Name of Father Alfred H Bantaur
9. Father's Occupation Butler
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Alf H Powell M.D.

Address 128 Madison St

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

69760

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* Feb. ~~7~~ 21st 1884
4. *Place of Birth (Street and Number)* No. 15 E. Pine St.
5. *Full Name of Mother* Kate Baker
6. *Mother's Maiden Name* Kate Howard
7. *Mother's Birthplace* Prince George Co. Md.
8. *Full Name of Father* Thomas Baker
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Philadelphia

*Name of Medical Attendant, or other Person who makes this Return.* F. B. Gardner

*Address* 120 N. Greene St.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6974

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21st February
4. *Place of Birth, (Street and Number)* 522 Hanover St
5. *Full Name of Mother,* Virginia A Toombs
6. *Mother's Maiden Name,* V A Jones
7. *Mother's Birthplace,* Caroline Co Virginia
8. *Full Name of Father,* Thomas L Toombs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Caroline Co Virginia

*Name of Medical Attendant,* or other Person who makes this Return Wm S Conway

*Address,* 131 Bakery Ave

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

69 162

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color; (if not of the white race)* | White |
| 3. *Date of Birth,* | February 21st 1884 |
| 4. *Place of Birth, (Street and Number)* | No 9 Fabius Alley |
| 5. *Full Name of Mother,* | Mrs Mary A Allen |
| 6. *Mother's Maiden Name,* | Miss Mary Long |
| 7. *Mother's Birthplace,* | Richmond Virginia |
| 8. *Full Name of Father,* | Edward Allen |
| 9. *Father's Occupation,* | Iron-worker |
| 10. *Father's Birthplace,* | Baltimore County |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Rachel A. Gardett |
| *Address,* | No 65 Barker St. |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN E. PIET & CO., CITY PRINTERS AND STATIONERS.

69763

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of Febuary 1884
4. *Place of Birth, (Street and Number)* No 128 Batray Ave
5. *Full Name of Mother,* Barbra Curley
6. *Mother's Maiden Name,* Barbra Reily
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Matthew Curly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Michigon

*Name of Medical Attendant,* or other Person who makes this Return Sabina Gueshaber

*Address,* No 128 West St

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

69764

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1894 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 7

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 22.
4. *Place of Birth, (Street and Number)* S. Durham str No 52
5. *Full Name of Mother,* Adeline Bach
6. *Mother's Maiden Name,* Lelwich
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Paul Bach
9. *Father's Occupation,* Wagner
10. *Father's Birthplace,* Prussia

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh Rauluch

*Address,* S. Wolf No 44

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69765

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Section 8.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 22 Sept

4. Place of Birth, (Street and Number) No 8 Forster Alley

5. Full Name of Mother, Elizabeth Johnson

6. Mother's Maiden Name, Elizabeth H White

7. Mother's Birthplace, Westmoreland Co Va

8. Full Name of Father, Francis Johnson

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return Mrs Anna Johnson

Address, 94 Tyson St

Remarks, During Remarkable Well

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69766

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb 22nd 1884 |
| 4. *Place of Birth, (Street and Number)* | 221 Montgomery St |
| 5. *Full Name of Mother,* | Amanda James |
| 6. *Mother's Maiden Name,* | Amanda Cook |
| 7. *Mother's Birthplace,* | Dorchester Co Md |
| 8. *Full Name of Father,* | Capt John James |
| 9. *Father's Occupation,* | Mariner |
| 10. *Father's Birthplace,* | Dorchester Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return | H B Noble, M.D |
| *Address,* | 50 Hanover ave |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69767

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feby 22nd 1884
4. Place of Birth, (Street and Number) 29 Hamburg St
5. Full Name of Mother, Catherine E Lent
6. Mother's Maiden Name, " " Meusha
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo E Lent
9. Father's Occupation, Laborer
10. Father's Birthplace, Mass

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D. Apr 2, 73

Address, 146 Hanover St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69768

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Three |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 22, February |
| 4. *Place of Birth, (Street and Number)* | No. 105 Barre St. City |
| 5. *Full Name of Mother,* | Cristinia Daughton |
| 6. *Mother's Maiden Name,* | " Euler |
| 7. *Mother's Birthplace,* | Canton Md |
| 8. *Full Name of Father,* | Joseph Eaton Daughton |
| 9. *Father's Occupation,* | iron molder |
| 10. *Father's Birthplace,* | Baltimore County Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | Mr. Kinek |
| *Address,* | No 1 Ledenhall St |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. C. HIET & CO., CITY PRINTERS AND STATIONERS.

69-769

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | ~~18~~ February 22/84 |
| 4. *Place of Birth, (Street and Number)* | 153 Bank St |
| 5. *Full Name of Mother,* | Mary Mosser |
| 6. *Mother's Maiden Name,* | Braun |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Mosser |
| 9. *Father's Occupation,* | Stone Keeper |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Jno Louise Kraft |
| *Address,* | 236 Canton Ave |
| *Remarks,* | |

SECTION 4.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO'Y, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

67770

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | February 22/84 |
| 4. *Place of Birth, (Street and Number)* | 387 E. Lombard Str |
| 5. *Full Name of Mother,* | Georgr Grills |
| 6. *Mother's Maiden Name,* | Ogle |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Harry Grills |
| 9. *Father's Occupation,* | Laborr |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louisa Kraft |
| *Address,* | 236 Canton Ave |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. T. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

67771

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd " Day of February 1884
4. Place of Birth, (Street and Number) 241 Pa. Ave.
5. Full Name of Mother, Mary Elisabett Bauer
6. Mother's Maiden Name, " " Hyland
7. Mother's Birthplace, Md. "
8. Full Name of Father, John C. Bauer
9. Father's Occupation, Collector
10. Father's Birthplace, Balto Md " U. S A.

Name of Medical Attendant, or other Person who makes this Return Mrs. Hunter

Address, 21 So Poppleton St

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FOST & CO., CITY PRINTERS AND STATIONERS.

69772

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Feb 1884
4. Place of Birth, (Street and Number) Balto. Duncan alley No 50
5. Full Name of Mother, Bar. Garanchek
6. Mother's Maiden Name, B. Fuka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Garanchek
9. Father's Occupation, Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koplish

Address, 69 N Washington

Remarks, Mary Koplish

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. TIDY & CO., CITY PRINTERS AND STATIONERS.

69773

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, February 22 1884
4. Place of Birth, (Street and Number) York St 134
5. Full Name of Mother, nanby Hughlison
6. Mother's Maiden Name, nanby Bellett
7. Mother's Birthplace, Dale island
8. Full Name of Father, Henry Hughlison
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore [illegible]

Name of Medical Attendant, or other Person who makes this Return Dock [illegible] Wilson

Address. 52 Hughlison St

Remarks.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69774

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* February 22 1884
4. *Place of Birth, (Street and Number)* 488. W. Baltimore St
5. *Full Name of Mother,* Dora. Kruse.
6. *Mother's Maiden Name,* Dora Ross
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Kruse
9. *Father's Occupation,* Police
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 No Poppelton St

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IN F. PIFT & CO., CITY PRINTERS AND STATIONERS.

69775

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Feb 22nd 1884.
4. *Place of Birth, (Street and Number)* Baltimore Bruce. st. No. 2
5. *Full Name of Mother,* Elizabeth Ogle
6. *Mother's Maiden Name,* " Rennalds.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charley Ogle
9. *Father's Occupation,* Store-Keeper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. C. Mitchell

*Address,* No. 58 Parkin st.

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N P. PIET & CO., CITY PRINTERS AND STATIONERS.

64776

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 st Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb 22 - 1884

4. *Place of Birth, (Street and Number)* No 13 Perry st

5. *Full Name of Mother,* Elise Sander

6. *Mother's Maiden Name,* Kaepke

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Herman Sander

9. *Father's Occupation,* Cigarmaker

10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return J. Schwarzer Midwife

*Address,* 330 Hanover st

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required. Except in the cases of the Births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

67777

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. 22/1884 — 11 40 AM |
| 4. *Place of Birth, (Street and Number)* | #56 Ridgely St |
| 5. *Full Name of Mother,* | Catharine Ulrich |
| 6. *Mother's Maiden Name,* | Catharine Bechtold |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | John H. Ulrich |
| 9. *Father's Occupation,* | (Clerk) |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Susan Stanton |
| *Address,* | 21 So Poppleton St |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69778

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 22d 8th 1884.
4. *Place of Birth, (Street and Number)* 91 South Springstreet.
5. *Full Name of Mother,* Brina Mittelmann
6. *Mother's Maiden Name,* Mittelmann
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Pinchas Mittelman
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other Person who makes this Return Mrs Trustmann

*Address,* 6 Broad-Alley Lombardst

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

69779

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 22nd 1884
4. Place of Birth (Street and Number) 346 E. Chase St.
5. Full Name of Mother Sarah F. Chamberlain S. F. Chamberlain
6. Mother's Maiden Name Sarah F. Banks
7. Mother's Birthplace Baltimore City
8. Full Name of Father John F. Chamberlain
9. Father's Occupation Sales Man
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. A. G. Watson

Address 437 N. Central Ave

Remarks Breech Presentation

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69786

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 25 1894 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, February the 22. 1894.
4. Place of Birth, (Street and Number) S. Eden St. No 133,
5. Full Name of Mother, Elise Schorr
6. Mother's Maiden Name, Elise Kropp.
7. Mother's Birthplace, Balto City
8. Full Name of Father, John A. Schorr
9. Father's Occupation, Cigarren maker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Harry E. Miller

Address, N. Dallas St. No 26

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

69781

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

BALTIMORE CITY.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feby 22d 1884
4. *Place of Birth, (Street and Number)* 104 Harlem Av.
5. *Full Name of Mother,* Mary S. Zimmerman.
6. *Mother's Maiden Name,* Mary S. Sancta.
7. *Mother's Birthplace,* Oxambrau Prussia.
8. *Full Name of Father,* Robert Zimmerman.
9. *Father's Occupation,* Machinist.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Jno. F. Powell M.D.

*Address,* 227 Carrollton Ave

*Remarks,* Child Healthy

JOHN B. PIET, PRINTER & STATIONER, BALT.

69782

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

FEB 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. Sex, (state whether male or female) Bub
2. Race or Color, (if not of the white race) Schwarz
3. Date of Birth, Geboren den 22ten Februwer
4. Place of Birth, (Street and Number) Nr 6 Hins Court Alle
5. Full Name of Mother, Lee Tunks
6. Mother's Maiden Name, Lee Tulenz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Rudolph Tunks
9. Father's Occupation, Handarbeiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, Nr 202 S. Dallas Str

Remarks, Hebamme

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

6778

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
FEB 23 1934
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. Sex, (state whether male or female) Buk
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth, Geboren den 22ten Februar
4. Place of Birth, (Street and Number) № 30 Spring
5. Full Name of Mother, Charlotte Bishop
6. Mother's Maiden Name, Charlotte Seidel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Bishop
9. Father's Occupation, Schuhmacher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, № 202 S. Dallas St

Remarks, Helomme

SECTION 5.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feby 22d 1884 11.30 P.M. |
| 4. *Place of Birth, (Street and Number)* | 30 S. Fulton St. |
| 5. *Full Name of Mother,* | Ina Canton |
| 6. *Mother's Maiden Name,* | Ina McGraw |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Michael A. Canton |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace.* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | A. N. Dashiell M.D. |
| *Address,* | 543 Lexington |
| *Remarks,* | |

O. DULANY & CO., CITY PRINTERS AND STATIONERS

69785

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB. 26 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First — Twin 5 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22nd February |
| 4. *Place of Birth, (Street and Number)* | No 1 Carrollton avenue |
| 5. *Full Name of Mother,* | Susan McMillan |
| 6. *Mother's Maiden Name,* | Susan V Kent |
| 7. *Mother's Birthplace,* | Leesburg Va |
| 8. *Full Name of Father,* | Francis McMillen |
| 9. *Father's Occupation,* | Agent |
| 10. *Father's Birthplace,* | Baltº - Md - |
| *Name of Medical Attendant,* or other Person who makes this Return | Miss. Mary. Kraning |
| *Address,* | No 60 Parrish st. Balto Md. |
| *Remarks,* | Mother doing Well Babies doing Well |

© GULANY & CO., CITY PRINTERS AND STATIONERS

69786

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 22nd
4. *Place of Birth, (Street and Number)* 2 How
5. *Full Name of Mother,* Mary Dunsing
6. *Mother's Maiden Name,* " Hilty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Dunsing
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return C. L. Baddenbohn M.D.

*Address,* 166 S. Paca St

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69787

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

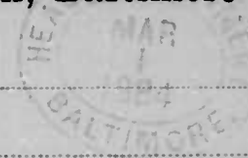
| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 5 & 6 child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 22 of February |
| 4. *Place of Birth, (Street and Number)* | 24 Constitution Street |
| 5. *Full Name of Mother,* | Elisabeth Schaffer |
| 6. *Mother's Maiden Name,* | Elisabeth Herbert |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | Georg Schaffer |
| 9. *Father's Occupation,* | Shoemaker |
| 10. *Father's Birthplace.* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Lemmer |
| *Address,* | 173 Maryland Ave. |
| *Remarks,* | Baltimore Md. |
| | 1884 |

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

64788

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 23 February |
| 4. *Place of Birth, (Street and Number)* | 166 E. Lombard |
| 5. *Full Name of Mother,* | Mary Louise Hannah |
| 6. *Mother's Maiden Name,* | Sytes |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | James R. Hannah |
| 9. *Father's Occupation,* | Carpentar |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 72. E. Lombard |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

67789

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23 / 1884
4. Place of Birth, (Street and Number) No 74 Eaton St
5. Full Name of Mother, Amalia Praschen
6. Mother's Maiden Name, A Thurnen
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Praschen
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return E Dumar

Address, No 827 Lombard St

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HIS B. PIET & CO., CITY PRINTERS AND STATIONERS.

67790

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 6 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feby 23, 94.

4 Place of Birth, (Street and Number) N. W. cor. Pimlico & Carrollton Ave.

5. Full Name of Mother, Mollie Lupton

6. Mother's Maiden Name, " Martin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Lupton

9. Father's Occupation, Candy Maker.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return A. Abbatt M. D.

Address, 202 W. Pimlico Ave

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69791

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether male or female)* White Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 February 1884.
4. *Place of Birth (Street and Number)* 30 Poultney St
5. *Full Name of Mother* Kate Cavill Carter
6. *Mother's Maiden Name* Kate Cavil
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Carter
9. *Father's Occupation* Lock Hand
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary R. Carey

*Address* 134 Hamburg St

*Remarks* Mining, Md

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

67792

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd Feby. 1884
4. *Place of Birth, (Street and Number)* 210 S. Ponca St
5. *Full Name of Mother,* Matilda Martin
6. *Mother's Maiden Name,* McGadden
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Martin
9. *Father's Occupation,* Beer Saloon
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Dr. Blake

*Address,* S. Ponca St

*Remarks,*

---

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., ART PRINTERS AND STATIONERS.

6479

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR 5 1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb 28 nd 1884 |
| 4. *Place of Birth, (Street and Number)* | No 123 Boyd st |
| 5. *Full Name of Mother,* | ~~No~~ Delia Manning |
| 6. *Mother's Maiden Name,* | " Burns |
| 7. *Mother's Birthplace,* | ~~Balt~~ Ireland |
| 8. *Full Name of Father.* | John Manning |
| 9. *Father's Occupation,* | Machinist B. & O. R.R. |
| 10. *Father's Birthplace,* | Balto City |
| *Name of Medical Attendant,* or other Person who makes this Return | M. J. Lennon |
| *Address,* | 36 Frederick Ave |
| *Remarks,* | Illegible, don't know child's name Annie Mary |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

69794

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB 28
1894
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | February 23 |
| *4. Place of Birth (Street and Number)* | Baltimore Warner st No 222 |
| *5. Full Name of Mother* | Sallie Meack |
| *6. Mother's Maiden Name* | Sallie Reedside |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | William Meack |
| *9. Father's Occupation* | Glassblower |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm M. Shaffer |
| *Address* | 114 Ridgley st |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

6775

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 23d 1884
4. Place of Birth, (Street and Number) Baltimore Pine St. No. 27
5. Full Name of Mother, Annie Gearhart
6. Mother's Maiden Name, Handy
7. Mother's Birthplace, Germany
8. Full Name of Father, William Gearhart
9. Father's Occupation, Taylor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No. 38 Parkin St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

69796

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Feb 23 1884
3. *Date of Birth*
4. *Place of Birth (Street and Number)* No 1 Burrough St
5. *Full Name of Mother* Margaret Jane Anderson
6. *Mother's Maiden Name* Walton
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Henry Anderson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Zewell

*Address* 68 Hart Ave

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69 797

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 Feb 1884
4. Place of Birth, (Street and Number) Balto. Washington st No 339
5. Full Name of Mother, Mary Soubek
6. Mother's Maiden Name, Mrs. Minarik
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Stepan Minarik
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopisk

Address, 69 N Washington st

Remarks, Mary Kopisk

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

64798

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 Feb 1884
4. Place of Birth, (Street and Number) Balto Biddle st 38
5. Full Name of Mother, Anna Svelila
6. Mother's Maiden Name, A. Krampa
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Svehla
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kozlish

Address, 64 N Washington st

Remarks, Mary Kozlish

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

69799

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 Feb 1884
4. *Place of Birth, (Street and Number)* Balto Dallas st No 80
5. *Full Name of Mother,* Rosa Kapiton
6. *Mother's Maiden Name,* R Lukus
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Menzel Kopiton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Kaptish

*Address,* 69 N. Washington st

*Remarks,* Mary Kaptish

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ORTS P. PIET & CO., CITY PRINTERS AND STATIONERS.

6980

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 Feb 1884
4. Place of Birth, (Street and Number) Balto. Dallas st No 82
5. Full Name of Mother, Katie Knott
6. Mother's Maiden Name, Kat. Klapitan
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Knott
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koplish

Address, 69 N Washington

Remarks, Mary Koplish

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

69801

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Brown stin
3. *Date of Birth,* 23 of February 1884
4. *Place of Birth, (Street and Number)* Biddle aly No 68
5. *Full Name of Mother,* Cornelia Crawford
6. *Mother's Maiden Name,* Cornelia Gibson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Crawford
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Lydia Simerville

*Address,* 132 Clinton av

*Remarks,*

© DULANY & CO., CITY PRINTERS AND STATIONERS

69802

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th Ch.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 23 — 1884
4. *Place of Birth, (Street and Number)* No 44 Williamson st.
5. *Full Name of Mother,* Cathern Ferrel
6. *Mother's Maiden Name,* Sleme
7. *Mother's Birthplace,* America
8. *Full Name of Father,* William Ferrel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return J. Schwasser midwife

*Address,* 330 Hanover st.

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69803

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 23rd 1884
4. *Place of Birth, (Street and Number)* 504 W Fayette St
5. *Full Name of Mother,* Mary Townsend Rust
6. *Mother's Maiden Name,* " " Shaw
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Demetrius Rust
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Hunter

*Address,* 21 Monte Rappelline

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. FIET & CO., CITY PRINTERS AND STATIONERS.

69804

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Collared
3. Date of Birth, feb 23th 1884
4. Place of Birth, (Street and Number) hominy lane # 131
5. Full Name of Mother, Mary Priscon
6. Mother's Maiden Name, Mary Bird
7. Mother's Birthplace, Elicketh City
8. Full Name of Father, James priscon
9. Father's Occupation, labor
10. Father's Birthplace, Cinnaioto

Name of Medical Attendant, or other Person who makes this Return Chollotz proctor Mid Wife

Address, # 10 Carlton st

Remarks,

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. FLEET & CO., CITY PRINTERS AND STATIONERS.

6785

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
FEB 25 1884
BALTIMORE

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, February the 23, 1884
4. Place of Birth, (Street and Number) N. Castle St. No 53.
5. Full Name of Mother, Mary Warmuth
6. Mother's Maiden Name, Mary Schaefer
7. Mother's Birthplace, Balt^o City
8. Full Name of Father, John Warmuth
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt^o City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69806

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

FEB 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8tes Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 23 1884.
4. *Place of Birth, (Street and Number)* S. Bond St. No 51.
5. *Full Name of Mother,* Anna M. Wintcher
6. *Mother's Maiden Name,* Anna M. Greb
7. *Mother's Birthplace,* Oberohmen, Gr. Hessen, Germany
8. *Full Name of Father,* Albert Wintcher
9. *Father's Occupation,* Cutler & Grainer
10. *Father's Birthplace,* Meiswinkel, Kr. Preussen, Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St. No 26.

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69187

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | February 10th 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 7 Ruling St. |
| 5. *Full Name of Mother,* | Lena Barret |
| 6. *Mother's Maiden Name,* | Lewis Lenw |
| 7. *Mother's Birthplace,* | Howard County |
| 8. *Full Name of Father,* | Edward Barret |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Washington |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. M. A. Butt |
| *Address,* | No 185 S.E. cor Central av. & Monument St. |
| *Remarks,* | Well Well |

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

Missing
69808

64509

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | February 14th. 1884 |
| 4. *Place of Birth, (Street and Number)* | No 54 Davis St. |
| 5. *Full Name of Mother,* | Alice Sampson |
| 6. *Mother's Maiden Name,* | Alice Lack |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Wm Sampson |
| 9. *Father's Occupation,* | Porter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | M. A. Butt |
| *Address,* | 185 S.E. cor Central av. & Monument St |
| *Remarks,* | All Well |

SECTION 5.—And be it further enacted and ordained, that every person practising midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

69810

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 17th 1884
4. *Place of Birth, (Street and Number)* No 551 E. Fayette St.
5. *Full Name of Mother,* Mary Foster
6. *Mother's Maiden Name,* Mary Powers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Dennis Foster
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return N. H. Butt.

*Address,* No 155 S.E. cor Central av. & Monument St.

*Remarks,* All Well

SECTION 6.—And be it further enacted and ordained, That every person practicing medicine or midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 2-19-56 69811

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

Name: Alma Augusta Hielmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 20th. 1884
4. *Place of Birth, (Street and Number)* 413 Chapple & John St.
5. *Full Name of Mother,* Alma (Libman) Hielmann
6. *Mother's Maiden Name,* Alma (Rabe) Raeber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Moritz (Louis) (Libman) Hielmann.
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

* *Name of Medical Attendant,* or other Person who makes this Return M. J. Butt.

*Address,* No 185 S E cor Central av. & Monument St.

*Remarks,* All Well

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

67412

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 23 rd 1884
4. Place of Birth, (Street and Number) No 501 E. Monument St.
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, Annie Hall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Miller
9. Father's Occupation, Fish Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. J. Burt

Address, 185 S.E. cor Centre av. & Monument St.

Remarks, All Well.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

69813

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 23rd 1884
4. *Place of Birth, (Street and Number)* 64 S. Paca St
5. *Full Name of Mother,* Maggie ~~Living~~ Livingston
6. *Mother's Maiden Name,* Maggie Devine
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* David Livingston
9. *Father's Occupation,* Fisherman
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return J. K. Wiley M.D.

*Address,* 96 West Lombard St

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Correct Return of Vital Statistics in the City of Baltimore.*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

69814

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth.* | 23 street street |
| 4. *Place of Birth, (Street and Number)* | febercy 19 : 1884 |
| 5. *Full Name of Mother.* | Rosetta Brown |
| 6. *Mother's Maiden Name.* | Rosetta Brown |
| 7. *Mother's Birthplace,* | Baltimore city |
| 8. *Full Name of Father.* | George Johnson |
| 9. *Father's Occupation,* | Oyster Shucker |
| 10. *Father's Birthplace,* | Baltimore city |
| *Name of Medical Attendant,* or other Person who makes this Return | Ellen Cason |
| *Address.* | No 273 Appleby street |
| *Remarks.* | |

C. DULANY & CO., CITY PRINTERS AND STATIONERS

6981 5

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | February 23d 1884 |
| 4. *Place of Birth, (Street and Number)* | 182 Mount st. (north) |
| 5. *Full Name of Mother,* | Josephine D. Chappell |
| 6. *Mother's Maiden Name,* | Josephine Daily |
| 7. *Mother's Birthplace,* | B.C. Md |
| 8. *Full Name of Father,* | Cornelius H. Chappell |
| 9. *Father's Occupation,* | Lumberman |
| 10. *Father's Birthplace,* | B.C. |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Harvey Steele M.D. |
| *Address,* | S.E. Cor Calhoun st & Edmondson ave |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6981L

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB. 26 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 23d.

4. *Place of Birth, (Street and Number)* No 173 Battery ave

5. *Full Name of Mother,* Amelia Funk

6. *Mother's Maiden Name,* Amelia Yeager

7. *Mother's Birthplace,* Baltimore city

8. *Full Name of Father,* Henry Funk

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return

*Address,*

*Remarks,*

WM. J. D. BULLANY & CO., CITY PRINTERS AND STATIONERS

69817

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of February 1884
4. *Place of Birth, (Street and Number)* No 319 Sharp St
5. *Full Name of Mother,* Jennie Riesett
6. *Mother's Maiden Name,* Jennie Gundiona
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Riesett
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sabina Greshaber

*Address,* No 128 West St

*Remarks,*

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a black schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

69818

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb 23, 1884 |
| 4. *Place of Birth, (Street and Number)* | 36 Heath st |
| 5. *Full Name of Mother* | Hannorah Towers |
| 6. *Mother's Maiden Name,* | " Murray |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Benjaman F Towers |
| 9. *Father's Occupation,* | Engineer |
| 10. *Father's Birthplace,* | Dorchester County Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

J. D. ENLEY & CO., CITY PRINTERS AND STATIONERS

69819

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 13 birth |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 24 Februar |
| 4. *Place of Birth, (Street and Number)* | Kasselstreet No 48 |
| 5. *Full Name of Mother,* | Sabina Limmert |
| 6. *Mother's Maiden Name,* | " " Bartholme |
| 7. *Mother's Birthplace,* | Konighein-Baden |
| 8. *Full Name of Father,* | Lorenz Limmert |
| 9. *Father's Occupation,* | Schumager |
| 10. *Father's Birthplace,* | Niederstein bach-Baiern |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs. Maurer |
| *Remarks,* | Lombard Street No 248 |

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69820

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wht
3. Date of Birth, Feb. 24. 1884
4. Place of Birth, (Street and Number) 184 Constitution st
5. Full Name of Mother, Anna M Gillen
6. Mother's Maiden Name, " " Zang
7. Mother's Birthplace, Md
8. Full Name of Father, Jno B. Gillen
9. Father's Occupation, Hardwood finisher
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return G Lane Dangerfield

Address, 219 Madison ave

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

Orig 69821

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Dorothea ~~Gertrude~~ Becker

HEALTH DEPARTMENT MAR 3 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th Girl

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th February
4. *Place of Birth, (Street and Number)* No 6 Creek Avenue
5. *Full Name of Mother,* Catherine (~~Catarine~~) Becker
6. *Mother's Maiden Name,* " (~~Catarine~~) (~~Coch~~) Koch
7. *Mother's Birthplace,* Yermania
8. *Full Name of Father,* Frederick (~~Friederich~~) Becker
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Yermania

*Name of Medical Attendant,* or other Person who makes this Return Ruth Mines

*Address,* 1 Lavedenfall St

*Remarks,*

of Baltimore, under whose charge or superintendence [illegible] exact register of such birth, and shall enter the same [illegible] sioner of Health. This schedule shall contain a list of [illegible] during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] every person practicing midwifery in the City [illegible] birth shall hereafter take place, shall keep a true and [illegible] in a blank schedule to be furnished by the Commis- [illegible] the births which have occurred under his or her care [illegible] the full name of each child (if [illegible] the day and [illegible] in the form of a [illegible] of Health. In case the [illegible] of midwifery, or [illegible] shall then become the [illegible] in the manner, and [illegible] of illegitimate children, and [illegible] shall be subject [illegible] penalties are recoverable.

[illegible]IN P. FIET & CO., CITY PRINTERS AND STATIONERS.

69822

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 child

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24 February
4. *Place of Birth, (Street and Number)* 84 Central Avenue
5. *Full Name of Mother,* Marie Lc Hill
6. *Mother's Maiden Name,* M. Schroeder
7. *Mother's Birthplace,* Osnabruck Hanover
8. *Full Name of Father,* Charlie Hill
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Westpreussen

*Name of Medical Attendant,* or other Person who makes this Return Anna Walter

*Address,* 239 E. Eager Strat

*Remarks,*

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

6982 3

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 1 1904
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth Child |
| *1. Sex (state whether Male or Female)* | Female " |
| *2. Race or Color (if not of the white race)* | White Race |
| *3. Date of Birth* | 24th February |
| *4. Place of Birth (Street and Number)* | 55 Walker Street |
| *5. Full Name of Mother* | Mary Bernard |
| *6. Mother's Maiden Name* | " Clime |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | John Bernard |
| *9. Father's Occupation* | Plaster |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Dr. Kate Bailey |
| *Address* | 44 Walker Street |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69824

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 24th 84
4. *Place of Birth, (Street and Number)* # 266 S. Eutaw St
5. *Full Name of Mother,* Florenza Amelang
6. *Mother's Maiden Name,* ~~Baltimore~~ Florenza Harvey
7. *Mother's Birthplace,* Baltimore ~~Fred Amelang~~
8. *Full Name of Father,* Fred Amelang
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary Kroh

*Address,* # 328 S. Eutaw St

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 9-69825

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday Feb 24th 1884
4. *Place of Birth, (Street and Number)* 90 North Stricker St
5. *Full Name of Mother,* Emeline Frances Scheib
6. *Mother's Maiden Name,* " " Beswick
7. *Mother's Birthplace,* Wilmington Delaware
8. *Full Name of Father,* John George Scheib
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return Emily Holmes

*Address,* 64 N. Stricker St

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69826

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 24/84.
4. *Place of Birth, (Street and Number)* 437 N. Calhoun St.
5. *Full Name of Mother* Liberty Clutz
6. *Mother's Maiden Name* Hullinger
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Jacob A Clutz
9. *Father's Occupation* Clergyman
10. *Father's Birthplace* Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return. H. R. Fetterhoff M. D.

*Address* 205 W. Riddle St.

*Remarks*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69527

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 24 1884

4. Place of Birth, (Street and Number) 359 Penna. Ave

5. Full Name of Mother, Katie Wilson

6. Mother's Maiden Name, Welch

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Wm H. Wilson

9. Father's Occupation, Weigher

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D. 931 Penn. Av. Cor. Wilkens

Address,

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69828

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb 24th 1884
4. *Place of Birth, (Street and Number)* 59 N. stricker St
5. *Full Name of Mother,* Mary J Stehl
6. *Mother's Maiden Name,* Mary J Reigart
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Bernard F. Stehl
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* B C

*Name of Medical Attendant,* or other Person who makes this Return J Harvey Hill Md

*Address,* Cor Calhoun st & Edmondson Ave

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Correct Record of Vital Statistics in the City of Baltimore.*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69879

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 to children |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 29 of February 1884 |
| 4. *Place of Birth, (Street and Number)* | No 152 West St |
| 5. *Full Name of Mother,* | Emeline Able |
| 6. *Mother's Maiden Name,* | Emelina Wheeler |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Frank Able |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sabina Graeber |
| *Address,* | No 128 West St |
| *Remarks,* | |

SECTION 12.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

SON F. PIET & CO., CITY PRINTERS AND STATIONERS.

67830

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPT (14)
MAR 1 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourteenth

1. Sex, (state whether male or female) Male

2. Race or Color; (if not of the white race)

3. Date of Birth, Feb. 24 - 1884

4. Place of Birth, (Street and Number) No 208 N Wolf St

5. Full Name of Mother, Ruth V. Gorsuch

6. Mother's Maiden Name, Ruth V. Hollan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Zachariah G. Gorsuch

9. Father's Occupation, Moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 256 N Donough st

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

64537

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report his birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child of Heather

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 22nd 1884
4. Place of Birth, (Street and Number) 397 Eastern ave.
5. Full Name of Mother, Matilda Jacober
6. Mother's Maiden Name, Matilda Doell
7. Mother's Birthplace, Gay St. 2d door of Saratoga Baltimore
8. Full Name of Father, William H. Jacober.
9. Father's Occupation, Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, 1012 Patterson Park

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69832

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should neither other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 24th 1884.
4. Place of Birth, (Street and Number) No 520 Charles st.
5. Full Name of Mother, Addie West
6. Mother's Maiden Name, Addie Bally
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter West
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Cathrine Hornung

Address, No 18 Byrd st.

Remarks,

HEALTH DEPARTMENT RECEIVED 28 1884 BALTIMORE

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69833

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, 279 Orleans St
4. Place of Birth, (Street and Number) 279 Orleans St
5. Full Name of Mother, annie hard
6. Mother's Maiden Name, annie jones
7. Mother's Birthplace, Virginia Co
8. Full Name of Father, Charlie jones
9. Father's Occupation, Labor
10. Father's Birthplace, St marys Co Md

Name of Medical Attendant, or other Person who makes this Return Lucinda Woolford

Address, 130 Register St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

67834

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. 24th 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Md. County St. No. 133 |
| 5. *Full Name of Mother,* | Elizabeth Mc. Kinsey |
| 6. *Mother's Maiden Name,* | " Shaffer |
| 7. *Mother's Birthplace,* | Pensilvania |
| 8. *Full Name of Father,* | Joseph Mc. Kinsey |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. C. Mitchell |
| *Address,* | No. 518 Parkin St. |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

69835

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | [illegible] |
| 3. *Date of Birth,* | February 24 1884 |
| 4. *Place of Birth, (Street and Number)* | 1/4 Chapel Street |
| 5. *Full Name of Mother,* | Anna Berger |
| 6. *Mother's Maiden Name,* | Anna Fockler |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John C Berger |
| 9. *Father's Occupation,* | Gardener |
| 10. *Father's Birthplace* | [illegible] County |
| *Name of Medical Attendant,* or other Person who makes this Return | Susan Mangan |
| *Address,* | 47 N. Chester |
| *Remarks,* | |

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

64836

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 Feb. 1884
4. Place of Birth, (Street and Number) Balto. Eager st No 485
5. Full Name of Mother, Josephine Piveta
6. Mother's Maiden Name, J. Sott
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Piveta
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koplish

Address, 69 N Washington st

Remarks, Mary Koplish

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

69837

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th of February 1884
4. Place of Birth, (Street and Number) 539 East Fayette Street
5. Full Name of Mother, Walburga Buggel
6. Mother's Maiden Name, Walburga Dedendale
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Dedendale
9. Father's Occupation, Laborman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 11 North Chapel St. per Justina Kunkel

Remarks, Healthy.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69138

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
FEB 27 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. Feb 24 — 1884
4. Place of Birth, (Street and Number) No 94 Warner St.
5. Full Name of Mother, Cathern Marshal
6. Mother's Maiden Name, Apple
7. Mother's Birthplace, America
8. Full Name of Father, Edward Marshal
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return J. Schwaner midwife

Address, 330 Hanover st.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

6983 J

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feby 24, 1884 |
| 4. *Place of Birth, (Street and Number)* | 45 Eagle st |
| 5. *Full Name of Mother,* | Eva Keyser Spies |
| 6. *Mother's Maiden Name,* | Eva Keyser |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | George C Spies |
| 9. *Father's Occupation,* | Blacksmith |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return | James Bosley M.D |
| *Address,* | 319 Hollins st |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such Birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

6940.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
FEB
28
1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24th of February 1884
4. *Place of Birth, (Street and Number)* Lexington St No 194
5. *Full Name of Mother,* Cathrine Slimets
6. *Mother's Maiden Name,* Cathrine Shark
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Francis Slimets
9. *Father's Occupation,* Dealer in hard ware
10. *Father's Birthplace.* Germaney

*Name of Medical Attendant,* or other Person who makes this Return Lydia Somerville

*Address,* 13 Clinton ave

*Remarks,*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69841

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)*

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Febr. 25. 84.
4. *Place of Birth, (Street and Number)* U. Schoppel str. No 10
5. *Full Name of Mother,* Regina Benz
6. *Mother's Maiden Name,* Trompeter
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Joseph Benz
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baden

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Raubach

*Address,* S. Wolf No 14

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

69512

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 13 1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 2, — 84
4. Place of Birth, (Street and Number) No 17. Abbott Ste.
5. Full Name of Mother, Efrozie Drda
6. Mother's Maiden Name, " Vacek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Drda
9. Father's Occupation, Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20. Barnes Ste

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

6784/3

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thrth (3.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 7 — 84.

4. Place of Birth, (Street and Number) 473 Eager Str

5. Full Name of Mother, Marie Prazak

6. Mother's Maiden Name, " Reiser

7. Mother's Birthplace, Bohemie

8. Full Name of Father, Joseph Prazak

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20. Barnes Str

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

67424

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR 19 1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th 13 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb 11. — 84. |
| 4. *Place of Birth, (Street and Number)* | 39. Barnes Str |
| 5. *Full Name of Mother,* | Josephina Dusek |
| 6. *Mother's Maiden Name,* | " Straka |
| 7. *Mother's Birthplace,* | Bohemia |
| 8. *Full Name of Father,* | Wenzel Dusek |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Bohemia |
| *Name of Medical Attendant,* or other Person who makes this Return | Josephina Konrad |
| *Address,* | No 20. Barnes Str |
| *Remarks,* | — |

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & BRO., CITY PRINTERS AND STATIONERS.

6984

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
FEB 13 1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 12. — 84 —

4. Place of Birth, (Street and Number) 34 Abbott Str

5. Full Name of Mother, Marie Kolecky

6. Mother's Maiden Name, Fatenbeide

7. Mother's Birthplace, Germany

8. Full Name of Father, Wilhelm Kolecky

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20 Barnes Str

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69416

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Thirth (3) |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb- 14 84 |
| 4. *Place of Birth, (Street and Number)* | 107 N. N. Washington St |
| 5. *Full Name of Mother,* | Katharina Petz, |
| 6. *Mother's Maiden Name,* | " Hausman |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Petz |
| 9. *Father's Occupation,* | Photograf |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Josephina Konrad |
| *Address,* | No 20 Bakes Str |
| *Remarks,* | |

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

67847

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Thrth (3.) |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Febr 20. 1884 |
| 4. *Place of Birth, (Street and Number)* | 243. N. Dallas Str. |
| 5. *Full Name of Mother,* | Barbara Sima |
| 6. *Mother's Maiden Name,* | " Hranicka |
| 7. *Mother's Birthplace,* | Bohemia |
| 8. *Full Name of Father,* | August Sima |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Bohemia |
| *Name of Medical Attendant,* or other Person who makes this Return | Josephina Konrad |
| *Address,* | No 20. Barnes Str |
| *Remarks,* | |

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

67548

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh (7) |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. 21. 84 |
| 4. *Place of Birth, (Street and Number)* | 121. N. Chapel Ste. |
| 5. *Full Name of Mother,* | Barbara Matejka |
| 6. *Mother's Maiden Name,* | " Kakacek |
| 7. *Mother's Birthplace,* | Bohemia |
| 8. *Full Name of Father,* | Joseph Matejka |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Bohemia |
| *Name of Medical Attendant,* or other Person who makes this Return | Josephina Konrad |
| *Address,* | No 26. Barnes Ste |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69849

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* Feb 25th 1884
4. *Place of Birth, (Street and Number)* N. Broadway No 16
5. *Full Name of Mother,* Klara Hughes
6. *Mother's Maiden Name,* " Chenoweth
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* James Hughes
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs R. Alling

*Address,* 48 Holland St

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69150

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 of February
4. Place of Birth, (Street and Number) 73 of Chambritsch St.
5. Full Name of Mother, Christine Holman
6. Mother's Maiden Name, = Niemeyer
7. Mother's Birthplace, Preusminden (Perusien)
8. Full Name of Father, Charly Holman
9. Father's Occupation, an a Waterboat
10. Father's Birthplace, Bracke (Perusien)

Name of Medical Attendant, or other Person who makes this Return Mrs G. Behnken

Address, 54 Essex St.

Remarks, N.H.

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69851

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

HEALTH DEPT MAR 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, February 25th 1884

4. Place of Birth, (Street and Number) Sp 62 N Bond st

5. Full Name of Mother, Margaretha Shilling

6. Mother's Maiden Name, " Kaiser

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Shilling

9. Father's Occupation, Tinsmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Dietz

Address, 120 Bank st

Remarks,

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

67752

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
4
1904
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | February 25/04 |
| 4. *Place of Birth, (Street and Number)* | 420 Eastern ave |
| 5. *Full Name of Mother,* | Augusta Baitz |
| 6. *Mother's Maiden Name,* | Finck |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Konrad Baitz |
| 9. *Father's Occupation,* | cigarmaker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louise Knapp |
| *Address,* | 236 Canton ave |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

69853

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 2. Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 25 of February
4. *Place of Birth, (Street and Number)* 383 East Eager Street
5. *Full Name of Mother,* Susie F. Mickel
6. *Mother's Maiden Name,* Susie Feigh
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Mickel
9. *Father's Occupation,* Canmaker
10. *Father's Birthplace.* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Christina Sauer

*Address,* 173 Harford Ave

*Remarks,* Baltimore Md 1884

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6954

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Feb 26th 1884

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Feb 25th 1884.
4. Place of Birth, (Street and Number) 43 Ann St.
5. Full Name of Mother, Katharine Barker.
6. Mother's Maiden Name, Katharine Harbig.
7. Mother's Birthplace, America.
8. Full Name of Father, Robert Barker.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, No. 137 S. Wolfe St.

Remarks, U

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

6955

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT FEB 28 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | Febry 25th 1894. |
| 4. *Place of Birth (Street and Number)* | 1140 E. Baltimore Street. |
| 5. *Full Name of Mother* | Mary E. S. Becker |
| 6. *Mother's Maiden Name* | Mary E. S. Muddendorf |
| 7. *Mother's Birthplace* | Baltimore, Md. |
| 8. *Full Name of Father* | Charles Rudolph Becker |
| 9. *Father's Occupation* | Merchant |
| 10. *Father's Birthplace* | Baltimore, Md. |
| *Name of Medical Attendant, or other Person who makes this return* | J. C. Fox M.D. |
| *Address* | 506 E. Fayette St. |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

6986

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 of February
4. *Place of Birth, (Street and Number)* 57 Lugerne St.
5. *Full Name of Mother,* Kate Hopkins
6. *Mother's Maiden Name,* Kate Hammers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Marion Hopkins
9. *Father's Occupation,* Oyster packer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Swayne

*Address,* 59 Lugerne Street

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

64457

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 25th 1884.
4. Place of Birth, (Street and Number) No 191 Light st
5. Full Name of Mother, Anna Lauers
6. Mother's Maiden Name, Anna Minkel
7. Mother's Birthplace, Germany
8. Full Name of Father, Justis Lauers
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Byrd st.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69858

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | M |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 25th February 1884 |
| 4. *Place of Birth, (Street and Number)* | 36 N. Amity |
| 5. *Full Name of Mother,* | Fannie Griffith |
| 6. *Mother's Maiden Name,* | " Stevens |
| 7. *Mother's Birthplace,* | Balt |
| 8. *Full Name of Father,* | Augustus Griffith |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace.* | Balt |
| *Name of Medical Attendant,* or other Person who makes this Return | H. N. Webster |
| *Address,* | 57 Barnett |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69859

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 25 - 1884
4. *Place of Birth, (Street and Number)* 141 W. Baltimore St
5. *Full Name of Mother,* Maria Riccó
6. *Mother's Maiden Name,* Maria Pisani
7. *Mother's Birthplace,* Collodi. Province of ~~Lucca~~ Lucca Tuscany Italy
8. *Full Name of Father,* Abdon Riccó
9. *Father's Occupation,* Fruitter & Confectioner
10. *Father's Birthplace,* Collodi Province of Lucca Tuscany Italy

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* No 28 [illegible]

*Remarks,*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69860

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 25th 1884
4. *Place of Birth, (Street and Number)* 313 Mosher Street
5. *Full Name of Mother,* Emily Lyles Hilleary
6. *Mother's Maiden Name,* " " Hatton
7. *Mother's Birthplace,* Prince Georges County - Md
8. *Full Name of Father,* Odle Willett Hilleary
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Prince Georges County - Md

*Name of Medical Attendant,* or other Person who makes this Return Mary Catherine Jones

*Address,* No 17 Watcoat Street

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69864

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 February 1884
4. *Place of Birth (Street and Number)* Poppelton. St. No 73
5. *Full Name of Mother* Anne Harbig
6. *Mother's Maiden Name* Anne Barlage
7. *Mother's Birthplace* Prussen
8. *Full Name of Father* John Harbig
9. *Father's Occupation* Black Schmitd
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Charina Barlage

*Address* Child saved

*Remarks* Life

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69862

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE.

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 25th 84
4. *Place of Birth, (Street and Number)* 71 Division St.
5. *Full Name of Mother,* Anna Reed
6. *Mother's Maiden Name,* Anna Leonard
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* James A. Reed
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return — E. Miller, M.D

*Address,* 188 Franklin St

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69863

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* No 5 Grindal court
4. *Place of Birth, (Street and Number)* February 25 1884
5. *Full Name of Mother,* May Louvisa Skinner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return Midwife

*Address,* May Chase

*Remarks,* No 11 Grindal court

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

6798cf

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 27 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 25 — 1894

4. Place of Birth, (Street and Number) No. 114 Marshal av.

5. Full Name of Mother, Terese Schetter

6. Mother's Maiden Name, Schetter

7. Mother's Birthplace, Germany

8. Full Name of Father, John J Schetter

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. Schwaaber midwife

Address, 530 Hanover st

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69865

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT FEB 1865 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) A Girl
2. Race or Color, (if not of the white race) Wht
3. Date of Birth, born the 25th January
4. Place of Birth, (Street and Number) No 83 Hamler St
5. Full Name of Mother, Maggie Adams
6. Mother's Maiden Name, Maggie Crist
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Adams
9. Father's Occupation, Captain
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return F. Kaufmann

Address, No 202 S. Valley St

Remarks, Mid Wife

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

6986

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
13
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Feby 12 1884
4. *Place of Birth, (Street and Number)* N° 5 E. Oak st
5. *Full Name of Mother* Mary Peniston
6. *Mother's Maiden Name* Mary Briscoe
7. *Mother's Birthplace* Balto
8. *Full Name of Father* David S Briscoe
9. *Father's Occupation* attorney
10. *Father's Birthplace* St Mary Co Md

*Name of Medical Attendant, or other Person who makes this Return.* J H Pattison M D

*Address* 23 Franklin "

*Remarks*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

69867

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 ch

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* Feby 17/84
4. *Place of Birth, (Street and Number)* No 123 High "
5. *Full Name of Mother* Caroline Feige
6. *Mother's Maiden Name* " Ginger
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Charles Feige
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. J H Pattison M D

*Address* 23 Franklin "

*Remarks*

# RETURN OF A BIRTH

6986

**To the Office of Registrar of Vital Statistics, Board of Health,**
**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* febeary 26. 1884
4. *Place of Birth, (Street and Number)* 136 Stirling st Baltimore md
5. *Full Name of Mother,* Emely Myers
6. *Mother's Maiden Name,* Emely Jool
7. *Mother's Birthplace,* Cambrig Dorcheston Conty Md
8. *Full Name of Father,* William Myers
9. *Father's Occupation,* Labor
10. *Father's Birthplace.* Dauden Aarm County Centerville Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizbuth Sayls

*Address,* 136 Stirling St Baltimor md

*Remarks,* Baltimore Md

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Correct Record of Vital Statistics in the City of Baltimore.*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6986

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6. Child |
| 1. *Sex, (state whether male or female)* | Little Boy |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth,* | 26. Febuary 1884. |
| 4. *Place of Birth, (Street and Number)* | Baltimore. Frederick Ave |
| 5. *Full Name of Mother,* | Mrs. Schuttler |
| 6. *Mother's Maiden Name,* | Miss. Dorathe. Bohn |
| 7. *Mother's Birthplace,* | Born Grunliedern Hanover Germany |
| 8. *Full Name of Father,* | Mr Cristian Schuttler |
| 9. *Father's Occupation,* | Labor By Trade |
| 10. *Father's Birthplace,* | Gronherzogthum. Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Killer |
| *Address,* | 1017. West Pratt st city |
| *Remarks,* | |

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

6987

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 26th 1894
4. *Place of Birth, (Street and Number)* 2. Charles st. not numbered.
5. *Full Name of Mother,* Mary E. Tinsley
6. *Mother's Maiden Name,* Mary E Hutchins
7. *Mother's Birthplace,* Washington South Carolina
8. *Full Name of Father,* Ernest F. Tinsley
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M. A. Cottell

*Address,* 155 Montgomery st.

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

69871

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | February 26th 1884 |
| 4. *Place of Birth, (Street and Number)* | 189 Hudson street |
| 5. *Full Name of Mother,* | Sarah E. Black |
| 6. *Mother's Maiden Name,* | Sarah E Keys |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | John D. Black |
| 9. *Father's Occupation,* | Puddler |
| 10. *Father's Birthplace,* | Baltimore County |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Sarah Sullens |
| *Address,* | 104 Curley street |
| *Remarks,* | |

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

6878/2

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 4 1924 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Whyte
3. Date of Birth, 26. February.
4. Place of Birth, (Street and Number) Balto. 25 Armsted Lane.
5. Full Name of Mother, Mary. Ellen Engelbach
6. Mother's Maiden Name, Mary. Ellen Sheehan
7. Mother's Birthplace, Balto.
8. Full Name of Father, F.E. Engelbach
9. Father's Occupation, Truck. Driver
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return Mrs Seebach

Address, No 439 West Pratt Street

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FELT & CO., CITY PRINTERS AND STATIONERS.

6987 3

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 26th 1884
4. *Place of Birth, (Street and Number)* 253 Battery Ave
5. *Full Name of Mother,* Mary Magdalene Rogers
6. *Mother's Maiden Name,* Meyers
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Ballard S. R. Rogers
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* New York

*Name of Medical Attendant,* or other Person who makes this Return. Robert S. Rowe, M. D.

*Address,* 338 Light St.

*Remarks,*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

**Records of Vital Statistics in the City of Baltimore.**

JOHN B. PIET, PRINTER & STATIONER, BALT.

69874

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 26th Febr 1884
4. *Place of Birth, (Street and Number)* 7 Fich st
5. *Full Name of Mother,* Justine Rohde
6. *Mother's Maiden Name,* Justine Plitt
7. *Mother's Birthplace,* Biedenkopf Germany
8. *Full Name of Father,* Frederick Rohde
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Frischen Germany

*Name of Medical Attendant,* or other Person who makes this Return K. W. Heldmann M.D.

*Address,* 120 Scarlet Baltimore

*Remarks,*

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6785

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. MAR 4 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 26th
4. Place of Birth, (Street and Number) r Scott St
5. Full Name of Mother, Christina ~~Vohden~~ Browne
6. Mother's Maiden Name, Christina Vohden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Tedford Browne
9. Father's Occupation, Saddle
10. Father's Birthplace, England Cornville

Name of Medical Attendant, or other Person who makes this Return Mrs Sebach

Address, W. Pratt st 439

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

69876

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* female 5th Child
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* february 26 1884
4. *Place of Birth (Street and Number)* goodmans alley No ~~68~~ No 68
5. *Full Name of Mother* fannie Hayman
6. *Mother's Maiden Name* fannie Herbert
7. *Mother's Birthplace* frederick City
8. *Full Name of Father* James Hayman
9. *Father's Occupation* Cart Driver
10. *Father's Birthplace* ~~[illegible]~~ anarandle County Md

*Name of Medical Attendant,* or other Person who makes this return Diana Camper

*Address* No 155 West Street

*Remarks* James Hayman

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69877

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 Febr 1884
4. *Place of Birth, (Street and Number)* Bel air ave
5. *Full Name of Mother,* Mary Kloppmeir
6. *Mother's Maiden Name,* Mary Hennel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Kloppmeir
9. *Father's Occupation,* Kupper
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mr Brown

*Address,* Chester Street near Bel air ave

*Remarks,*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

69878

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 26th February 1884 |
| 4. *Place of Birth, (Street and Number)* | 386 W Lombard |
| 5. *Full Name of Mother.* | Minnie Daniel |
| 6. *Mother's Maiden Name,* | Landorf |
| 7. *Mother's Birthplace,* | Balt. |
| 8. *Full Name of Father,* | Moses Daniel |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace.* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | J H W Webster |
| *Address,* | 59 Bank st |
| *Remarks,* | |

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. J. O'LEARY & CO., CITY PRINTERS AND STATIONERS

69879

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* febery 26 1884
4. *Place of Birth, (Street and Number)* No 322 cross. St. Baltimore
5. *Full Name of Mother,* georgiana ~~Dyson~~ hill
6. *Mother's Maiden Name,* georgiana Dyson
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* William hill
9. *Father's Occupation,* oysters shucker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other Person who makes this Return* Maryann dorsey

*Address.* 624 Allegheny lane

*Remarks,* five dollars

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

69880

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 26/84
4. Place of Birth (Street and Number) no 1 4th St
5. Full Name of Mother Fannie Chipchase
6. Mother's Maiden Name Lewis
7. Mother's Birthplace Balto: City Md
8. Full Name of Father Wm Edwin Chipchase
9. Father's Occupation Comm: Merchant
10. Father's Birthplace St Mary's Co Md

Name of Medical Attendant, or other Person who makes this Return. Alf. H. Powell MD

Address 128 Madison St.

Remarks

**reet Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

69881

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT MAR 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third girl |
| 1. *Sex, (state whether male or female)* | girl |
| 2. *Race or Color, (if not of the white race)* | White Child |
| 3. *Date of Birth,* | 26th of Feb 1884 |
| 4. *Place of Birth, (Street and Number)* | 191 Drive St |
| 5. *Full Name of Mother,* | Louisa Hartman |
| 6. *Mother's Maiden Name,* | Louisa Hartman |
| 7. *Mother's Birthplace,* | ~~Christian Christian~~ Baltimore Md Hartman |
| 8. *Full Name of Father,* | Christian Hartman |
| 9. *Father's Occupation,* | Drive & Wagon |
| 10. *Father's Birthplace,* | Baltimore MD |
| *Name of Medical Attendant,* or other Person who makes this Return | Susan Hunter |
| *Address,* | 21 No Pappelton St |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69882

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Feb 27th 1884.

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb 26th 1884.
4. *Place of Birth, (Street and Number)* 288 Lombard St.
5. *Full Name of Mother,* Mary Schaefer.
6. *Mother's Maiden Name,* Mary Arold.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Mike Schaefer.
9. *Father's Occupation,* Cigar-Maker.
10. *Father's Birthplace,* America.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Mary Amend

*Address,* No. 137 S. Wolfe St.

*Remarks,* [illegible]

**Record of Vital Statistics in the City of Baltimore.**

of Baltimore, under [illegible] the City exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. FIET & CO., CITY PRINTERS AND STATIONERS.

69883

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 26/84.
4. *Place of Birth, (Street and Number)* 338 N. Gilmore St.
5. *Full Name of Mother* Katie C. Colbert
6. *Mother's Maiden Name* Carwithen
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* James E. Colbert
9. *Father's Occupation* Stairbuilder
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. K. R. Fetterhoff M.D.

*Address* 205 W. Biddle St

*Remarks*

Record of Vital Statistics in the City of ...

...hysician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the ... of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69884

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feb. 26. 1884
4. *Place of Birth, (Street and Number)* 5 Howe's Ct
5. *Full Name of Mother,* Sarah Bennett
6. *Mother's Maiden Name,* ——
7. *Mother's Birthplace,* St. Mary's Co. Md.
8. *Full Name of Father,* Stephen Bennett
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* St. Mary's Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return J. E. Urquhart, M.D.

*Address,* Gilmor St. & Lafayette Ave.

*Remarks,*

...gulations of the Board of Health to secure ... Baltimore.

*Record of Vital Statistics in the City of Baltimore.*

That any F... a birth ... 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ON B. PILY & CO., CITY PRINTERS AND STATIONERS.

69885

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feby 26. 1884. |
| 4. *Place of Birth, (Street and Number)* | 364 W. Carey St |
| 5. *Full Name of Mother,* | Mary I. Hall |
| 6. *Mother's Maiden Name,* | Mary I. Benson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Vernon Hall - |
| 9. *Father's Occupation,* | Clerk. |
| 10. *Father's Birthplace,* | Baltimore - |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno. F. Powell M.D. |
| *Address,* | 227 Eutaw St |
| *Remarks,* | Child Healthy - |

JOHN B. PIET, PRINTER & STATIONER, BALT.

69886

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
27
1894
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4te Kind

1. Sex, (state whether male or female) Madchen
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth. Geboren den 26te Februar
4. Place of Birth, (Street and Number) Nº 251 Bond Str
5. Full Name of Mother, Mary Roffel
6. Mother's Maiden Name, Mary Schirkopf
7. Mother's Birthplace, Deutschland
8. Full Name of Father, Mary Roffel
9. Father's Occupation, Schneider
10. Father's Birthplace, Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, Nº 202 S. Dallas Str

Remarks, Hebamme

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

UTT & CO., CITY PRINTERS AND STATIONERS.

69887

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 27 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 tes Kind

1. Sex, (state whether male or female) Maedchen

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, Geboren den 26 ten Februar

4. Place of Birth, (Street and Number) No 133 S. Caroline Str

5. Full Name of Mother, Charoline Sommer

6. Mother's Maiden Name, Caroline Betz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charly Sommer

9. Father's Occupation, Schiffsarbeiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friedrike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

---

Sections 8.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or supervisionence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PUET & CO., CITY PRINTERS AND STATIONERS.

69888

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2ds Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 27, 1884
4. *Place of Birth, (Street and Number)* Forrest St. No. 58½
5. *Full Name of Mother,* Juliane Harres
6. *Mother's Maiden Name,* Juliane Buchhammer
7. *Mother's Birthplace,* Altenburg, Gr. Hessen, Germany
8. *Full Name of Father,* Johann Harres
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Reuters, Gr. Hessen, Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St. No. 26

*Remarks,*

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69889

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 27th 1884

4. Place of Birth, (Street and Number) No 207 E. Centre av.

5. Full Name of Mother, Mary Weise

6. Mother's Maiden Name, Mabe Carris

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Weise

9. Father's Occupation, Sign Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. L. Butt

Address, 185 S.E. cor Centre av. & Monument St

Remarks, All Well

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

69890

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 27th 84
4. Place of Birth (Street and Number) 60 S. Carey st
5. Full Name of Mother Almira Taylor
6. Mother's Maiden Name " Ireland
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles J. Taylor
9. Father's Occupation Clerk
10. Father's Birthplace Balto Co. Md

Name of Medical Attendant, or other Person who makes this Return. Jas E. Gibbons M.D.

Address 47 Edmondson ave

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

69891

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE CITY HEALTH DEPARTMENT 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.),* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 27th 1884
4. *Place of Birth, (Street and Number)* 124 Lom ctr
5. *Full Name of Mother,* Anna Dannenhauer
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Michael Dannenhauer
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Pfetz

*Address,* 120 Bank ctr

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN R. PIET & CO., CITY PRINTERS AND STATIONERS.

69892

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 27th 1894
4. *Place of Birth, (Street and Number)* 233 N Mount St
5. *Full Name of Mother,* Mary E. Lavin
6. *Mother's Maiden Name,* Anderson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Felix Augustus Lavin
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Diffenderffer

*Address,* 140 Bolton St

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

6989

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | February 27th 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 52 Pine street |
| 5. *Full Name of Mother,* | Catherine Fischer. |
| 6. *Mother's Maiden Name,* | " " Mack |
| 7. *Mother's Birthplace,* | Kattenwesten. K. Wittenberg Germany |
| 8. *Full Name of Father,* | Henry Fischer |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Baltimore M. d. |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Anna Lemmler. |
| *Address,* | No. 60 Schroeder st |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN

## To the Office of Registrar of Vital

*No. of Child of Mother, (state whether 1st, 2d,*

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* .....
4. *Place of Birth, (Street and Number)* .....
5. *Full Name of Mother,* .....
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* .....
8. *Full Name of Father,* .....
9. *Father's Occupation,* .....
10. *Father's Birthplace,* .....

*Name of Medical Attendant,* or other Person who makes this Return .....

*Address,* .....

*Remarks,* .....

.....

***Extract Regulations of the Board of Health to secure a full and corre***

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS ... BOXES.

69895

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* February 27th.
4. *Place of Birth, (Street and Number)* 139 Linden Ave.
5. *Full Name of Mother,* Sofelia Ritz.
6. *Mother's Maiden Name,* " Meyers.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Henry Ritz.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Charlotte Crosby

*Address,* 369 Cathedral Street.

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6798

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, February the 27 1884

4. Place of Birth, (Street and Number) Point Lane No 9

5. Full Name of Mother, Kunigunda Kohl

6. Mother's Maiden Name, Kunigunda Piller

7. Mother's Birthplace, Aldendorf, b. Bayern, Germany

8. Full Name of Father, Andreas Kohl

9. Father's Occupation, Laborer

10. Father's Birthplace, Lauf, b. Bayern Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

6985 7

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, February the 27 1884
4. Place of Birth, (Street and Number) N. Bond St. No 3.
5. Full Name of Mother, Lizzie Kratz
6. Mother's Maiden Name, Lizzie Beetz
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Geory Kratz
9. Father's Occupation, Cooper
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St. No 26

Remarks,

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

67898

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feby 27/84 |
| 4. *Place of Birth, (Street and Number)* | 188 Harlem Ave |
| 5. *Full Name of Mother,* | Mary Kenney |
| 6. *Mother's Maiden Name,* | Driscoll |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Thos. M. Kenney |
| 9. *Father's Occupation,* | Newspaper Reporter |
| 10. *Father's Birthplace,* | Boston |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Ofric M.D. |
| *Address,* | 179 N Howard St |
| *Remarks,* | Balto. |

**Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69899

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8tes & 9tes Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, February the 27 1884
4. Place of Birth, (Street and Number) E. Fayette St. No 304.
5. Full Name of Mother, Louise Köhler
6. Mother's Maiden Name, Louise Hill
7. Mother's Birthplace, Höchst. Gr. Hessen Germany
8. Full Name of Father, Wilhelm Köhler
9. Father's Occupation, Cooper
10. Father's Birthplace, Seinhut. Gr. S. Meiningen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26.

Remarks, Twins

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

TION 6.—And be it further enacted a... City ...timore, under whose charge or superinten... ...on a blank ... to ... nished by the Commis- ...register of such birth, and shall enter the ... ...er of Health. This schedule shall contain a list of the births which have occurred under his or her care ...ing the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if ...ny name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and ...place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a ...rtificate, between the first and third day of each and every month to the Board of Health. In case the ...birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... & CO., CITY PRINTERS AND STATIONERS.

# CORRECTION

**The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.**

69899

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8tes & 9tes Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, February the 27 1884.
4. Place of Birth, (Street and Number) E. Fayette St. No. 304.
5. Full Name of Mother, Louise Köhler
6. Mother's Maiden Name, Louise Hill
7. Mother's Birthplace, Höchst. Gr. Hessen Germany
8. Full Name of Father, Wilhelm Köhler
9. Father's Occupation, Cooper
10. Father's Birthplace, Seinhut. Gr. S. Meiningen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks, twins

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

...TION 6.—And be it further enacted a... ...City ...timore, under whose charge or superinten... ...on a blank ... to ... ...nished by the Commis- ...register of such birth, and shall enter the ... ...ne and ...r of Health. This schedule shall contain a list of the births which have occurred under his or her care ...ing the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... & CO., CITY PRINTERS AND STATIONERS.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

69908

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Thirteenth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | February 2nd 1881 |
| 4. *Place of Birth, (Street and Number)* | Corner Baltimore & O'Donnell |
| 5. *Full Name of Mother,* | Mrs Adelaide McDaniel |
| 6. *Mother's Maiden Name,* | Miss Adelaide Henderson |
| 7. *Mother's Birthplace,* | Somerset County Md |
| 8. *Full Name of Father,* | John McDaniel |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Somerset County Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Rachel A. Garrett |
| *Address,* | No 65 Burke st. |
| *Remarks,* | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

67901

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. 27th 84 |
| 4. *Place of Birth, (Street and Number)* | 220 Conway St |
| 5. *Full Name of Mother,* | Amelia Ballman |
| 6. *Mother's Maiden Name,* | Vanderhlen |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Chas Ballman |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Boyd |
| *Address,* | 328 S Eutaw St |
| *Remarks,* | |

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

69902

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. 27 1884 |
| 4. *Place of Birth, (Street and Number)* | # 293 Hamburg St |
| 5. *Full Name of Mother,* | Mary Carrighan |
| 6. *Mother's Maiden Name,* | " Donschell |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Chas Carrighan |
| 9. *Father's Occupation,* | Tinner |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Kroh |
| *Address,* | # 328 S Eutaw St |
| *Remarks,* | |

By .....

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

6990 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT FEB 27 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 27 th 1884

4. Place of Birth, (Street and Number) No. 388 West St.

5. Full Name of Mother, Margareth Meier

6. Mother's Maiden Name, Beidlein

7. Mother's Birthplace, America

8. Full Name of Father, Herman Meier

9. Father's Occupation, Brickmaker

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return J. Schwaner midwife

Address, 330 Hanover St.

Remarks,

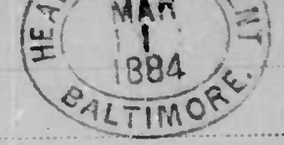
SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69704

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**




No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 Feb 1884
4. Place of Birth, (Street and Number) Balto. Canal st 257
5. Full Name of Mother, Mary Shuner
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father. Peter Shuner
9. Father's Occupation, Labour
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopish

Address. 69 N Washington st

Remarks, Mary Kopish

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N F. PIET & CO., CITY PRINTERS AND STATIONERS.

69705

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | One Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored Race |
| 3. *Date of Birth,* | Feb 27 1894 |
| 4. *Place of Birth, (Street and Number)* | 57 Mellis St |
| 5. *Full Name of Mother,* | Laura Henry |
| 6. *Mother's Maiden Name,* | Laura Jones |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Henry |
| 9. *Father's Occupation,* | Oysterhacker |
| 10. *Father's Birthplace,* | Somerset County |
| *Name of Medical Attendant,* or other Person who makes this Return | Lucinda Wolford |
| *Address,* | 130 N Regester St |
| *Remarks,* | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69906

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 - Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 22 of February 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 825 Dallas Street |
| 5. *Full Name of Mother,* | Rosa Albrecht |
| 6. *Mother's Maiden Name,* | Rosa Graef |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | William Albrecht |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace.* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Lamar |
| *Address,* | 173 Linwood Ave. |
| *Remarks,* | Baltimore Md 1884 |

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE.

© DULANY & CO., CITY PRINTERS AND STATIONERS

69907

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* maile
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* february 28. 18.8.4
4. *Place of Birth, (Street and Number)* Calad. St. no. 26
5. *Full Name of Mother,* mary Camp fore
6. *Mother's Maiden Name,* mary hanson
7. *Mother's Birthplace,* St. marys Co. md
8. *Full Name of Father,* Solmond Camp fore
9. *Father's Occupation,* yosters house
10. *Father's Birthplace,* St. marys Co md

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* H H 100 mcelldry St

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

67908

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 3 1904
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 Birth |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 28 February |
| 4. *Place of Birth, (Street and Number)* | Lancaster Street No 39 |
| 5. *Full Name of Mother,* | Marie Leslie |
| 6. *Mother's Maiden Name,* | " " Trautman |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Michael Leslie |
| 9. *Father's Occupation,* | Seaman |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr. |
| *Address,* | Dr. Maurer |
| *Remarks,* | Lombard Street No 248 |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69709

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Feb 28 1884
4. *Place of Birth, (Street and Number)* # 171 S Charles st
5. *Full Name of Mother,* Catherine E. Rogers
6. *Mother's Maiden Name,* Catherine E. Riston
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles E Rogers
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* White House Lancaster Co Pa

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M. A. Cadwell

*Address,* # 155 Montgomery st

*Remarks,*

JOHN D. PIET, PRINTER & STATIONER, BALT.

69910

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 28th 1884.
4. *Place of Birth, (Street and Number)* No. 407 E. Madison St
5. *Full Name of Mother,* Jane L. Nelson
6. *Mother's Maiden Name,* Jane L. Hodester
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Nelson
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return M. A. Butt

*Address,* 185 S.E. cor Centrel av. & Monument St.

*Remarks,* Ill Well

...or practitioner, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...P. PIET & CO., CITY PRINTERS AND STATIONERS.

6911

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
1
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 des Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February the 28, 1884
4. *Place of Birth, (Street and Number)* Eastern Ave. No 182
5. *Full Name of Mother,* Rosa L. Palmer
6. *Mother's Maiden Name,* Rosa L. Steiner
7. *Mother's Birthplace,* Baltd City
8. *Full Name of Father,* Philip Palmer
9. *Father's Occupation,* Order Dealer
10. *Father's Birthplace,* Baltd City

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Keller

*Address,* N. Dallas St. No 26

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

6991²

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH TIME
MAR
1
1904
BALTIMORE

SECTION 3.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall, hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 February
4. Place of Birth, (Street and Number) 7 W. Baltimore
5. Full Name of Mother, Mary Murrett
6. Mother's Maiden Name, Burke
7. Mother's Birthplace, Canada
8. Full Name of Father, Gus. Murrett
9. Father's Occupation, Circus-man
10. Father's Birthplace, Canada

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69913

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH-DEPARTMENT MAR 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Feb. 28th. 1884
4. *Place of Birth, (Street and Number)* 376 Penna. Ave.
5. *Full Name of Mother,* Mary A. Dougherty
6. *Mother's Maiden Name,* Lentz
7. *Mother's Birthplace,* Pennsylvania.
8. *Full Name of Father,* E. E. Dougherty
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return J. H. CHRISTIAN, M. D. 431 Penn. Av. Cor. Wilson

*Address,*

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN R. PIET & CO., CITY PRINTERS AND STATIONERS.

62914

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, february the 28
4. Place of Birth, (Street and Number) Baltimore Randell st No 115
5. Full Name of Mother, Laura V. white
6. Mother's Maiden Name, Murray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert White
9. Father's Occupation, Machinest
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Elizabeth Hallcom

Address, william st No 324

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

6991S

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | February 28th 1884 |
| 4. *Place of Birth, (Street and Number)* | 131 Bevan St |
| 5. *Full Name of Mother,* | Mary A Downey |
| 6. *Mother's Maiden Name,* | " J " Brannig |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Jno L Downing |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Theodore Cook M D |
| *Address,* | 114 Hanover St |
| *Remarks,* | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69916

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 28
4. *Place of Birth, (Street and Number)* McElderry Street extended
5. *Full Name of Mother,* Annie Lauskey
6. *Mother's Maiden Name,* Hamer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Lauskey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Hermalta Glascoe

*Address,*

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

69917

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* — 3rd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 February
4. *Place of Birth, (Street and Number)* Baltimore 378 E. Fayette Street
5. *Full Name of Mother,* Cecilia Hatch
6. *Mother's Maiden Name,* Cecilia Gabler
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* Samuel F. Hatch
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Glasco

*Address,* No Elderry Street

*Remarks,*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

69718

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 4 1904 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | White |
| 2. *Race or Color, (if not of the white race)* | Male |
| 3. *Date of Birth,* | Feb 28 1884 |
| 4. *Place of Birth, (Street and Number)* | 2. Fort ave |
| 5. *Full Name of Mother,* | Mary Henning |
| 6. *Mother's Maiden Name,* | Mary Dietrich |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Joseph Henning |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. PIET & CO., CITY PRINTERS AND STATIONERS.

69919

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR 4 1904
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 28th 1884
4. Place of Birth, (Street and Number) No 1 Walker Street.
5. Full Name of Mother, Rebecca Baker.
6. Mother's Maiden Name, Rebecca Walnut.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Baker.
9. Father's Occupation, Machinist.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs H Katherine Seibert

Address, No 439 West Pratt Street

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 4-25-50

69970

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

Bessie Geer Reid

HEALTH DEPARTMENT FEB 29 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feby 28/84
4. Place of Birth (Street and Number) 237 Baldwin St
5. Full Name of Mother Donna Carter Reid
6. Mother's Maiden Name Carter
7. Mother's Birthplace Virginia
8. Full Name of Father Charles Reid
9. Father's Occupation Keeper of Public Warehouses
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Alf W Powell MD

Address 128 Madison St

Remarks

...reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

69921

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* Feb 28th 84

4. *Place of Birth (Street and Number)* 332 Franklin st

5. *Full Name of Mother* Elizabeth Zell

6. *Mother's Maiden Name* " Fugman

7. *Mother's Birthplace* Balto city

8. *Full Name of Father* John E. Zell

9. *Father's Occupation* Telegraph Operator

10. *Father's Birthplace* Phila Pa

*Name of Medical Attendant,* or other Person who makes this Return. Jas E Gilbert M.D.

*Address* 47 Edmondson ave

*Remarks*

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

69922

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth. (6.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb – 28 – 84 –
4. *Place of Birth, (Street and Number)* No 19. Prospect Lane
5. *Full Name of Mother,* Terezie Resch
6. *Mother's Maiden Name,* " Kauman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Resch
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Josephina Konrad

*Address,* No 20. Barnes Str –

*Remarks,* ——

[illegible] of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]N B. PIET & CO., CITY PRINTERS AND STATIONERS.

69953

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Five

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 Feb 1884
4. *Place of Birth, (Street and Number)* 187 Chester street.
5. *Full Name of Mother,* Katy Meurer.
6. *Mother's Maiden Name,* Pausch.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Meurer.
9. *Father's Occupation,* Hunter.
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Wiley

*Address,* No 12 Patterson Park av

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PIET & CO., CITY PRINTERS AND STATIONERS.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whatever charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

69954

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Feb 29th 1884

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex,* (state whether male or female) Male.
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* Feb 28th 1884.
4. *Place of Birth,* (Street and Number) 322 Canton Ave.
5. *Full Name of Mother,* Mary Ader.
6. *Mother's Maiden Name,* Mary Helmbold.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Ader.
9. *Father's Occupation,* Grocer.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Mary Amend

*Address,* No 1378 Wolfe St

*Remarks,* 0

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

69935

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 28 1884
4. Place of Birth, (Street and Number) No 586 E. Madison St
5. Full Name of Mother, Henrietta Hatton
6. Mother's Maiden Name, Henrietta Marigold
7. Mother's Birthplace, Bremen
8. Full Name of Father, Edward Hatton
9. Father's Occupation, Tug Boat Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 986 Mc Donogh st

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69956

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 28 of February 1884 |
| 4. *Place of Birth, (Street and Number)* | No 234 Dallas Street |
| 5. *Full Name of Mother,* | Mary Zimmer |
| 6. *Mother's Maiden Name,* | Mary Hinkelmann |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Gorge Zimmer |
| 9. *Father's Occupation,* | Taylor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Lauer |
| *Address,* | 173 Harford Ave |
| *Remarks,* | Baltimore Md |
| | Please meet me 1884 |
| | half way |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

6977

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 28 - 1884

4. Place of Birth, (Street and Number) No 239 Eden St

5. Full Name of Mother, Caroline Porterfield

6. Mother's Maiden Name, Caroline Schrade

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Lawrence Porterfield

9. Father's Occupation, Policeman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Atwell

Address, 286 N Bond st

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69918

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 28th 1884.
4. *Place of Birth, (Street and Number)* No. 134 Pearl Street Baltimore.
5. *Full Name of Mother,* Margaret Wolf.
6. *Mother's Maiden Name,* Margaret Little.
7. *Mother's Birthplace,* Light Street Baltimore.
8. *Full Name of Father,* John J. Wolf.
9. *Father's Occupation,* Expressman
10. *Father's Birthplace,* Baltimore. Preston Street.

*Name of Medical Attendant, or other Person who makes this Return* James E. Hulks, M. D.

*Address,* No. 134 Pearl Street, Baltimore, Md.

*Remarks,*

*"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."*

*correct Record of Vital Statistics in the City of Baltimore.*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH, 69979

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 28th 1884
4. *Place of Birth, (Street and Number)* S. W. corner Washington & Monument Sts
5. *Full Name of Mother* Mary Elizabeth Ayd
6. *Mother's Maiden Name* " " Kirchner
7. *Mother's Birthplace* Baltimore, Maryland,
8. *Full Name of Father* John Ayd.
9. *Father's Occupation* Chemist & Apothecary
10. *Father's Birthplace* Baltimore, Maryland,

*Name of Medical Attendant, or other Person who makes this Return.* John Morris, M.D.

*Address* 5 Franklin St.

*Remarks*

# RETURN OF A BIRTH,

69930

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 28th 1884
4. *Place of Birth, (Street and Number)* Corner of Boyle + Clement sts (Locust Pt)
5. *Full Name of Mother* Bessie McCarthy
6. *Mother's Maiden Name* Manley
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick McCarthy
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. John Morris, M.D.

*Address* 5 Franklin St.

*Remarks*

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Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

64931

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 28th 84

4. Place of Birth, (Street and Number) 18 Clinton Ave

5. Full Name of Mother, Lillie Young

6. Mother's Maiden Name, Lillie Callaway

7. Mother's Birthplace, Md

8. Full Name of Father, Francis M. Young

9. Father's Occupation, Farmer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. E. Miller M.D.

Address, 1888 Franklin St.

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69932

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 6 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 29th 1884
4. Place of Birth, (Street and Number) 301 Eastern ave
5. Full Name of Mother, Julia Briscoe
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Briscoe
9. Father's Occupation, Ship Smith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park ave

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH,

~~6999~~ 6933

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Feb. 28. 1884
4. *Place of Birth, (Street and Number)* Elizabeth Lane no number
5. *Full Name of Mother* Laura Thomas
6. *Mother's Maiden Name* Kemp
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard Essex
9. *Father's Occupation* Brick Moulder
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Donelson

*Address* 10 Barney Ave

*Remarks* Mother and Child doing Well

# RETURN OF A BIRTH, 69734.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 Birth |
| 1. *Sex (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | Feb. 28 " |
| 4. *Place of Birth, (Street and Number)* | No 3 Bonney St |
| 5. *Full Name of Mother* | Annie Louise |
| 6. *Mother's Maiden Name* | Annie Peterson |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | John Louise |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Elizabeth Davidson 10 Bonney St |
| *Address* | Mother and Child doing Well |
| *Remarks* | |

69935

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ab child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 29th 1884
4. Place of Birth, (Street and Number) 31 Portall
5. Full Name of Mother, Cathrin Markel
6. Mother's Maiden Name, Stefen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Markel
9. Father's Occupation, Sabora
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JAN B. PILT & CO., CITY PRINTERS AND STATIONERS.

6996

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 29-1884

4. Place of Birth, (Street and Number) No 437 S Guy St

5. Full Name of Mother, Marietta Bell

6. Mother's Maiden Name, Henrietta Reese

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Wm Bell

9. Father's Occupation, Book Keeper

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return Murray & McCuell

Address, 286 McDonough st

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

69937

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Feby 29. 1884 |
| *4. Place of Birth (Street and Number)* | 9 N. Exeter St |
| *5. Full Name of Mother* | Mary E Abercrombie |
| *6. Mother's Maiden Name* | " " Dougherty |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | William J. Abercrombie |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | C. & A. Thomas |
| *Address* | 6 W. E. Baltimore St |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69938

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* February 29th 1884
4. *Place of Birth, (Street and Number)* 78 N. Eutaw St.
5. *Full Name of Mother* Ambrosia Goode
6. *Mother's Maiden Name* Liestod
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Frank P. Goode,
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore, Md

*Name of Medical Attendant, or other Person who makes this Return.* John Morris, M.D.

*Address* 5 Franklin St

*Remarks*

69939

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)* .....

1. *Sex, (state whether ~~male~~ or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* Febr 29. 84
4. *Place of Birth, (Street and Number)* Monument str No 470
5. *Full Name of Mother,* Wilhelmine Dumschke
6. *Mother's Maiden Name,* Hartung
7. *Mother's Birthplace,* Hanover
8. *Full Name of Father,* Ernst Dumschke
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Sachsen

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Baubach

*Address,* St. Wolfstr No 19

*Remarks,* .....

... exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

69940

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) 29th Feby, 1884
3. Date of Birth 152 S. Bob, N.
4. Place of Birth (Street and Number) Maggie Murphy
5. Full Name of Mother Maggie Bryce
6. Mother's Maiden Name Charles Murphy
7. Mother's Birthplace Painter Supply Store
8. Full Name of Father Bob City
9. Father's Occupation John Dolemmerie, M.D.
10. Father's Birthplace Sm. Calvert & Pearl Sts.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

69940

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* 29th Feby, '84

*4. Place of Birth (Street and Number)* 152 E. Balt. St.

*5. Full Name of Mother* Maggie Murphy

*6. Mother's Maiden Name* Maggie Fryer

*7. Mother's Birthplace* Balt. City

*8. Full Name of Father* Charles Murphy

*9. Father's Occupation* Painting Supply Store

*10. Father's Birthplace* Balt City

*Name of Medical Attendant,* or other Person who makes this Return. John T. Mommonier, M.D.

*Address* 8 W. Colvert & Reed St.

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69941

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* ~~[illegible]~~ February 29th
4. *Place of Birth, (Street and Number)* 31 Marion st
5. *Full Name of Mother,* Julia Brisco
6. *Mother's Maiden Name,* Julia Vestor
7. *Mother's Birthplace,* St Mary Co Maryland
8. *Full Name of Father,* Frank Wilson
9. *Father's Occupation,* Worker Railroad
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other Person who makes this Return Hester Colance

*Address,* 1 39 L Monument st

*Remarks,*

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

69942

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29th February
4. *Place of Birth, (Street and Number)* Maryland No 36 Little Monument st
5. *Full Name of Mother,* Laura Polson
6. *Mother's Maiden Name,* Laura Kelly
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Logue H Polson
9. *Father's Occupation,* Laboring Work
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other Person who makes this Return Hester Colance

*Address,* # 39 Little Monument st

*Remarks,*

**Record of Vital Statistics** birth shall hereafter ta[illegible] Baltimore.

[illegible] on a blank schedule to be [illegible] the City [illegible] during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

6994

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 14 1924
BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | Feb 29th 1924 |
| 4. *Place of Birth, (Street and Number)* | 1733 Eden st |
| 5. *Full Name of Mother,* | Rosa Gordon |
| 6. *Mother's Maiden Name,* | Rosa Gary |
| 7. *Mother's Birthplace,* | Lancaster County |
| 8. *Full Name of Father,* | Rhelan Gordon |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Northumberland |
| *Name of Medical Attendant,* or other Person who makes this Return | Harriett Jackson |
| *Address,* | 115 Forest st |
| *Remarks,* | Baltimore city |

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

699114

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 cd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | February 29th. 1884 |
| 4. *Place of Birth, (Street and Number)* | 18— Mc Elderry St. |
| 5. *Full Name of Mother,* | Mary |
| 6. *Mother's Maiden Name,* | Mary Landes |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Richard Garbra |
| 9. *Father's Occupation,* | Butcher |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | M. A. Britt |
| *Address,* | 185 S.E. cor. Central av. & Monument St |
| *Remarks,* | All Well |

P. PIET & CO., CITY PRINTERS AND STATIONERS.

69945

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 of February
4. Place of Birth, (Street and Number) 38 Rob St.
5. Full Name of Mother, Margy Scholl
6. Mother's Maiden Name, Benlein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilhel Benlein
9. Father's Occupation, Auster Schocker
10. Father's Birthplace, An Saraundel (County)

Name of Medical Attendant, or other Person who makes this Return Mrs G. Behnken

Address, 54 Essex St.

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

69946

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
3
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 of February
4. Place of Birth, (Street and Number) 224 Bank St.
5. Full Name of Mother, Anna Scholl
6. Mother's Maiden Name, Goetz
7. Mother's Birthplace, Siegel Hannover (Germ)
8. Full Name of Father, Wilhelm Scholl
9. Father's Occupation, Laborer
10. Father's Birthplace, Siegel Hannover (Germ)

Name of Medical Attendant, or other Person who makes this Return Mrs G. Bahnken

Address, 54 Essex St

Remarks,

of [illegible] such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & SON, CITY PRINTERS AND STATIONERS.

Over

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Gustavus Wilkeom Thompson

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. *Sex*, (~~state whether~~ male ~~or female~~)

2. *Race or Color*, (~~if not of the~~ white race)

3. *Date of Birth*, July 29th 84.

4. *Place of Birth*, (Street and Number) 229 Bolton St.

5. *Full Name of Mother*, Mary A. W. Thompson

6. *Mother's Maiden Name*, Mary A. W. Sellers.

7. *Mother's Birthplace*, Liberty Frederick Co. Md.

8. *Full Name of Father*, William J. Thompson,

9. *Father's Occupation*, Policeman.

10. *Father's Birthplace*, Baltimore City

*Name of Medical Attendant*, or other Person who makes this Return — Dr Wm. L. R. Bradford

*Address*, 273 Lexington St.

*Remarks*,

SECTION 6.—And be it further ordained, that every midwife or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the day and place of its birth, and the first and third day of each and every month to the Board of Health, in the form of a certificate, between the hours of 9 A. M. and 12 M., and 2 and 5 P. M., which certificate shall contain the said schedule duly signed by the practitioner of midwifery, or any person who may have been conferred, its sex, color, the full name and occupation of the mother, the day and place of its birth, and the said schedule shall be delivered every month to the Board of Health, in the manner, and certificate, between the hours of 9 A. M. and 12 M., and 2 and 5 P. M., which certificate shall contain the said schedule duly signed by the practitioner of midwifery, or any person who may have been conferred, its sex, color, the full name and occupation of the mother, the day and place of its birth, and the first and third day of each and every month to the Board of Health, in the manner, and during the month, and shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, the day and exact register of such birth, and shall enter the name on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and midwifery in the City

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

67748

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. 29th 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 16 Durand Alley |
| 5. *Full Name of Mother,* | Mary A. Lewis |
| 6. *Mother's Maiden Name,* | " " Pentz |
| 7. *Mother's Birthplace,* | Balto. City |
| 8. *Full Name of Father,* | John Lewis |
| 9. *Father's Occupation,* | Laborer at brick yard |
| 10. *Father's Birthplace,* | Annapolis Co. Md |
| *Name of Medical Attendant,* or other Person who makes this Return | M. J. Leman |
| *Address,* | 86 Frederick ave. |
| *Remarks,* | fine healthy child not named |

SECTION 8.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

69949

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29th Dec 1883
4. *Place of Birth (Street and Number)* 182 William St Balti
5. *Full Name of Mother* Laura Bowman
6. *Mother's Maiden Name* Laura Hubbard
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Bowman
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Caskey

*Address* 134 Hamburg St

*Remarks* doing well

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

69950

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | Febuary 29 |
| *4. Place of Birth (Street and Number)* | Baltimore Leadinhall St. No 150 |
| *5. Full Name of Mother* | Annie Elizebeth Skul |
| *6. Mother's Maiden Name* | Annie Elizebeth Kelley |
| *7. Mother's Birthplace* | Baltimore Md. |
| *8. Full Name of Father* | John Skul |
| *9. Father's Occupation* | Cigar maker |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs M. Schafer |
| *Address* | 114 Ridgley St. |
| *Remarks* | |

# RETURN OF A BIRTH

6991

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

"It shall be the duty of the physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child & children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Child 3.d. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 29 Feb. 1884 |
| 4. *Place of Birth, (Street and Number)* | 9. Bones. Court |
| 5. *Full Name of Mother,* | Liddie Stokey |
| 6. *Mother's Maiden Name,* | Liddie Bailey |
| 7. *Mother's Birthplace,* | Easton Md |
| 8. *Full Name of Father,* | Charley Stokey |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Kent County |
| *Name of Medical Attendant,* or other Person who makes this Return | Susan Morgan |
| *Address,* | 47 North Durham |
| *Remarks,* | |

DULANY & CO., CITY PRINTERS AND STATIONERS

69952

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Maid
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 29th 1884
4. *Place of Birth, (Street and Number)* 26 Vincent Aly
5. *Full Name of Mother,* Ellen Cooper
6. *Mother's Maiden Name,* Mary Cooper
7. *Mother's Birthplace,* Ferlic City.
8. *Full Name of Father,* William Jones.
9. *Father's Occupation,* Wagon Driver
10. *Father's Birthplace,* Ferlic County

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,* Miss Carline Anderson. No. 26. Vincent Aly

*Remarks,*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

GIVEN NAME ADDED 4-12-57

# RETURN OF A BIRTH

699 53

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) | 2 Charles D. Johnson |
| 1. *Sex*, (*state whether male or female*) | Male |
| 2. *Race or Color*, (*if not of the white race*) | White |
| 3. *Date of Birth*, | Feb 29. 1884 |
| 4. *Place of Birth*, (*Street and Number*) | 276 Johnson st |
| 5. *Full Name of Mother* | Ida Johnson |
| 6. *Mother's Maiden Name*, | Ida Jones |
| 7. *Mother's Birthplace*, | Baltimore |
| 8. *Full Name of Father*, | Thomas Arthur Johnson |
| 9. *Father's Occupation*, | Farmer |
| 10. *Father's Birthplace*, | Dorchester county Md |
| *Name of Medical Attendant*, or other Person who makes this Return | Mrs Ann Nash |
| *Address*, | |
| *Remarks*. | |

HEALTH DEPARTMENT MAR 4 1954 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

69954

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb 29. 1884 |
| 4. *Place of Birth, (Street and Number)* | 30 Broad st |
| 5. *Full Name of Mother* | Elizabeth Gillespie |
| 6. *Mother's Maiden Name,* | " " Mungan |
| 7. *Mother's Birthplace,* | Ohio |
| 8. *Full Name of Father,* | Robert Gillespie |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Mrs Ann Nash |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | |
| *Remarks,* | |

© DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

6995

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 4 1904 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. 29th |
| 4. *Place of Birth, (Street and Number)* | 180 Lexington St. |
| 5. *Full Name of Mother,* | Emma Gibney |
| 6. *Mother's Maiden Name,* | Emma Rayer |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Chas. Gibney |
| 9. *Father's Occupation,* | Drummer |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other Person who makes this Return. | T. Chew Worthington M.D. |
| *Address,* | No. 373 W. Fayette St. |
| *Remarks,* | |

JOHN B. PIET, PRINTER & STATIONER, BALT.

69956

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb 29th 84 |
| 4. *Place of Birth, (Street and Number)* | # 250 Hamburg St. |
| 5. *Full Name of Mother,* | Emma Habicht |
| 6. *Mother's Maiden Name,* | " Weckesser |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Frank Habicht |
| 9. *Father's Occupation,* | Shoe-maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Kroh |
| *Address,* | # 328 S. Eutaw St. |
| *Remarks,* | |

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], PIET & CO., CITY PRINTERS AND STATIONERS.

69957

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR
4
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb 29th 84 |
| 4. *Place of Birth, (Street and Number)* | # 162 # ~~240~~ Hamburg St. |
| 5. *Full Name of Mother,* | Amelia Miller |
| 6. *Mother's Maiden Name,* | Smith |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | aug Miller |
| 9. *Father's Occupation,* | Grocer dealer |
| 10. *Father's Birthplace,* | Prussia |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Wood |
| *Address,* | # 328 S. Eutaw St |
| *Remarks,* | |

Every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FEET & BRO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69958

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
4
1884
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | Feb. 29th 1884 |
| 4. *Place of Birth, (Street and Number)* | 4 Stall St. |
| 5. *Full Name of Mother,* | Mary Ellen Geoheagan |
| 6. *Mother's Maiden Name,* | Stratten |
| 7. *Mother's Birthplace,* | Dorchester Co, Md. |
| 8. *Full Name of Father,* | James L. Geoheagan |
| 9. *Father's Occupation,* | Huckster |
| 10. *Father's Birthplace,* | Dorchester Co, Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Robert P. Rowe, M. D. |
| *Address,* | 233 Light St. |
| *Remarks,* | |

JOHN B. PIET, PRINTER & STATIONER, BALT.

69959

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th January 1884
4. *Place of Birth, (Street and Number)* 402 Canton Avenue
5. *Full Name of Mother,* Betty Andrews
6. *Mother's Maiden Name,* Betty Bodkey
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Andrews
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs E. Gray

*Address,* No 193 Chester St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

69960

# RETUR[illegible] OF A BIRTH

To the Office of Regi[illegible] Vital Statistics, Board of Health,

B[illegible]IORE CITY.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, [illegible]) | 1st |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | March 1st |
| [illegible] of Birth, (Street and Number) | 203 Saratoga St |
| [illegible] Name of Mother, | Henrietta Dettlebacher |
| [illegible]her's Maiden Name, | Henrietta Weinberg |
| [illegible]her's Birthplace, | Baltimore |
| [illegible] Name of Father, | Elias Dettlebacher |
| [illegible]'s Occupation, | Clerk |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other Perso[illegible] makes this Re[illegible] | F. Jenkins |
| Address, | 2 Cathedral St. |
| Remarks, | |

[illegible] the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, [illegible]ix days thereafter, stating distinctly the date of birth, sex, and color of the child or children [illegible], its or their physical co[illegible] full name, nativity, and residence [illegible] the parents, and the maid[illegible]d or children."

69961

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 1st 1884 |
| 4. *Place of Birth, (Street and Number)* | 224 Alicianna St |
| 5. *Full Name of Mother,* | Mrs Mary Gill |
| 6. *Mother's Maiden Name,* | Miss Mary Black |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Noah Gill |
| 9. *Father's Occupation,* | Fruit-dealer |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Rachel A. Garrett |
| *Address,* | No. 65 Burke St. |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PIET & CO., CITY PRINTERS AND STATIONERS.

69962

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 1. 1884.
4. *Place of Birth, (Street and Number).* N. Caroline St. No. 49.
5. *Full Name of Mother,* Elisabetha Thilmann
6. *Mother's Maiden Name,* Elisabetha Eckhard
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Peter Thilmann
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Balto. City

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St. No. 26

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PILT & CO., CITY PRINTERS AND STATIONERS.

69963

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPT. MAR 3 1884 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Mch 1st 1884
4. *Place of Birth (Street and Number)* Baltimore Federal st No 65
5. *Full Name of Mother* Mary Elizabeth Levy
6. *Mother's Maiden Name*
7. *Mother's Birthplace* a a co Md
8. *Full Name of Father* Jonas Jones
9. *Father's Occupation* Drayman
10. *Father's Birthplace* a a co md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks* Mrs Frances Grant

69964

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Tenth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Mar 1st 84 |
| 4. *Place of Birth, (Street and Number)* | 734 W Pratt St |
| 5. *Full Name of Mother,* | Elizabeth Evatt |
| 6. *Mother's Maiden Name,* | " McCarthy |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Geo Evatt |
| 9. *Father's Occupation,* | Plumber |
| 10. *Father's Birthplace,* | Balto city |
| *Name of Medical Attendant,* or other Person who makes this Return | A Nelson MD |
| *Address,* | |
| *Remarks,* | Caucasian & Balto city |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69965

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
6
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 1st 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 119 Albemarle St. |
| 5. *Full Name of Mother,* | Barbara Lewis |
| 6. *Mother's Maiden Name,* | Barbara Koch |
| 7. *Mother's Birthplace,* | Baltimore City. |
| 8. *Full Name of Father,* | James Lewis |
| 9. *Father's Occupation,* | Mariner |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Eliza Flemming |
| *Address,* | No. 93 Albemarle St. |
| *Remarks,* | (City) |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ULANY & CO., CITY PRINTERS AND STATIONERS

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69766

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE.

Name: Ambrose P. Horist

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth Boy

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White child
3. *Date of Birth,* 1th of march 1884
4. *Place of Birth, (Street and Number)* 121 Pierce St
5. *Full Name of Mother,* Alice Horist
6. *Mother's Maiden Name,* Alice Wilderman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Patrick A Horist
9. *Father's Occupation,* Commission Mechant
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 No Poppelton St

*Remarks,*

Exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

69967

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March th 1884
4. *Place of Birth, (Street and Number)* No 8 Carlton
5. *Full Name of Mother,* sarah price
6. *Mother's Maiden Name,* sarah neal
7. *Mother's Birthplace,* West Liner
8. *Full Name of Father,* William price
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Chollotz proctor Mid Wife

*Address,* No 10 Carlton

*Remarks,*

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE.

...register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...R. PIET & CO., CITY PRINTERS AND STATIONERS.

69968

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**
**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March. 1. 1884
4. Place of Birth, (Street and Number) 111 Hillen St
5. Full Name of Mother, Mrs. Sophia. Hunter
6. Mother's Maiden Name, Sophia. Wilkinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, H. E. R. Hunter
9. Father's Occupation, Eating. House
10. Father's Birthplace, Wrightsville. Pa

Name of Medical Attendant, or other Person who makes this Return Mrs. Woodson

Address, 120 Greenmount ave.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CULLANY & CO., CITY PRINTERS AND STATIONERS

69769

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 1st 1884
4. Place of Birth, (Street and Number) No 19 Wall st.
5. Full Name of Mother, Christine Zwisler
6. Mother's Maiden Name, Kries
7. Mother's Birthplace, America
8. Full Name of Father, Nicolaus Zwisler
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. Schaarer midwife

Address, 330 Hanover st

Remarks,

---

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

B. PEET & CO., CITY PRINTERS AND STATIONERS.

69970

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name of child: Charles C Herth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th. Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. March 1 st 1884
4. Place of Birth, (Street and Number) No. 336 Hamburg st
5. Full Name of Mother, Bertha (Heert) Herth
6. Mother's Maiden Name, Kirchner
7. Mother's Birthplace, Germany
8. Full Name of Father, George (Heert) Herth
9. Father's Occupation, Cabnetmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

[illegible] under whose charge of superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

6771

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first child |
| 1. *Sex, (state whether male or female)* | Male child |
| 2. *Race or Color, (if not of the white race)* | White child |
| 3. *Date of Birth,* | first of March |
| 4. *Place of Birth, (Street and Number)* | Cookie Street No 51 Boyer just |
| 5. *Full Name of Mother,* | Barbara Bokla |
| 6. *Mother's Maiden Name,* | Barbara Thaler |
| 7. *Mother's Birthplace,* | In Canton Baltimore |
| 8. *Full Name of Father,* | Otto Bokla |
| 9. *Father's Occupation,* | Stevedore |
| 10. *Father's Birthplace,* | Brandorf in Bensen |
| *Name of Medical Attendant,* or other Person who makes this Return | Lizzie Schaffler |
| *Address,* | Corner ford avenen Towsend street S.P. |
| *Remarks,* | |

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 12-12-49

# RETURN OF ~~A BIRTH~~.

6997

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

Name: John Franklin Baker

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c) | Sixth |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | March 1st 1884 |
| 4. Place of Birth (Street and Number) | Cor. Aisquith St and Point Lane |
| 5. Full Name of Mother | Annie E. Baker |
| 6. Mother's Maiden Name | Annie E. (~~Colyer~~) Collyer |
| 7. Mother's Birthplace | Towson Town |
| 8. Full Name of Father | Henry Baker |
| 9. Father's Occupation | Carpenter |
| 10. Father's Birthplace | Baltimore Co. |
| Name of Medical Attendant, or other Person who makes this Return. | H. Gibralson |
| Address | 113 N. Central ave. |
| Remarks | |

# RETURN OF A BIRTH

6997

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1st 1884
4. Place of Birth, (Street and Number) 41 Penn Avenue
5. Full Name of Mother, Lucretius Jacobs
6. Mother's Maiden Name, Lucretius McGee
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Lewis C Jacobs
9. Father's Occupation, Shoe Cutter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm Carroll

Address, 162 S. Charles St

Remarks, .....

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

6974

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR
12
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 March
4. Place of Birth, (Street and Number) 123 Eden
5. Full Name of Mother, Katie Moen
6. Mother's Maiden Name, Carey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Moen
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 92. E. Lombard street

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69975

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1st 1884
4. *Place of Birth, (Street and Number)* 14 W. Baltimore St
5. *Full Name of Mother,* Minnie Howard
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return H. H. Biedler M.D.

*Address,* 74 N. Calhoun St

*Remarks,* City

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & CO., CITY PRINTERS AND STATIONERS.

69976

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Colord |
| 3. *Date of Birth,* | March 1st 1884 |
| 4. *Place of Birth, (Street and Number)* | no 196 S. Eutaw street |
| 5. *Full Name of Mother,* | Marsalena bell |
| 6. *Mother's Maiden Name,* | Marsalena Wiggins |
| 7. *Mother's Birthplace,* | Virginnia |
| 8. *Full Name of Father,* | nittenols bell |
| 9. *Father's Occupation,* | Cooking |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary ann dorsey |
| *Address.* | 64 E Elbow lane |
| *Remarks.* | five dollars |

[illegible] physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

69977

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mar 1st 1884
4. *Place of Birth, (Street and Number)* Edson St Court No 13
5. *Full Name of Mother,* Sarah Spriddle
6. *Mother's Maiden Name,* Sarah ~~Addison~~ Dennis
7. *Mother's Birthplace,* Shell Town Va
8. *Full Name of Father,* ~~Ve~~ Adson Spriddle
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Harriett Jackson

*Address,* 1405 Forrest St

*Remarks,* Baltimore City

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PILT & CO., CITY PRINTERS AND STATIONERS.

69978

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

"advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) | 9th |
| 1. *Sex,* (*state whether male or female*) | Female |
| 2. *Race or Color,* (*if not of the white race*) | White |
| 3. *Date of Birth,* | March 2nd 1884 |
| 4. *Place of Birth,* (*Street and Number*) | Baltimore Hill Street No. 13 |
| 5. *Full Name of Mother,* | Mary Smith |
| 6. *Mother's Maiden Name,* | " Heartlove |
| 7. *Mother's Birthplace,* | Baltimore County |
| 8. *Full Name of Father,* | Lewis W. Smith |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Accomac County Va |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Elizabeth Scarborough |
| *Address,* | 220 Montgomery Street Balt. |
| *Remarks,* | |

MAR 3 1884 BALTIMORE

ULANY & CO., CITY PRINTERS AND STATIONERS

64774

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar. 2d 1884

4. Place of Birth, (Street and Number) 30 Etting St.

5. Full Name of Mother, Martha Quickley

6. Mother's Maiden Name, Black

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Elijah Quickley

9. Father's Occupation, Engineer

10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D. 431 Penn. Av. Cor. Wilkins

Address,

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

69980

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd 1884
4. Place of Birth, (Street and Number) Forrest & No 39
5. Full Name of Mother, Barbara Gossner
6. Mother's Maiden Name, " Gutermuth
7. Mother's Birthplace, Prussia
8. Full Name of Father, George Gossner
9. Father's Occupation, Butcher
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs R. Ullig

Address, 48 Holland St

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...S B. PIET & CO., CITY PRINTERS AND STATIONERS.

67787

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAR
6
1884
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 2nd 1884.
4. *Place of Birth (Street and Number)* 603 W. Fayette Street.
5. *Full Name of Mother* Mary B. Deutz.
6. *Mother's Maiden Name* " Boteler
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* J. C. Deutz
9. *Father's Occupation* Salesman
10. *Father's Birthplace* City

*Name of Medical Attendant, or other Person who makes this Return.* W. H. B. Sellman M.D.

*Address* No. 46. West Biddle St

*Remarks*

# RETURN OF A BIRTH

69982

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
6
1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother:* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 3rd

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* March 2nd 1884
4. *Place of Birth,* (*Street and Number*) 161 W Lombard
5. *Full Name of Mother,* Marie Petroon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Denmark
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return W. Page M.D.

*Address,* 161 W Lombard St.

*Remarks,*

C. DULANY & CO., CITY PRINTERS AND STATIONERS

6975

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 2d 1884
4. *Place of Birth, (Street and Number)* 64 Courtland
5. *Full Name of Mother,* Mrs Agnes A Pfeiffer
6. *Mother's Maiden Name,* Agnes A De Shields
7. *Mother's Birthplace,* Boston
8. *Full Name of Father,* Wm T. Pfeiffer
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Howard Co. Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs Wooden

*Address,* 120 Greenmount ave.

*Remarks,*

Each register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. PILE & CO., CITY PRINTERS AND STATIONERS.

69784

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd "
4. Place of Birth, (Street and Number) No. 51 E. Central ave
5. Full Name of Mother, Elizabeth Göbbert
6. Mother's Maiden Name, " " Heberling
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred. Aug. Göbbert
9. Father's Occupation, Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Sophia Simons

Address, No 70 Exeter

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIRT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

69985

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child of

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White American

3. Date of Birth, March 2nd

4. Place of Birth, (Street and Number) Gilden St No 14

5. Full Name of Mother, Martha Jane Messick

6. Mother's Maiden Name, Martha J. Bassett

7. Mother's Birthplace, Barred Dorchester Co. Md

8. Full Name of Father, Charles Edward Messick

9. Father's Occupation, Carpenter

10. Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Conaway Midwife

Address,

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

69986

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 2/84
4. *Place of Birth, (Street and Number)* Jefferson Place
5. *Full Name of Mother,* Elizabeth King
6. *Mother's Maiden Name,* " Bayles
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas F King
9. *Father's Occupation,* R R Clerk
10. *Father's Birthplace,* Pa

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D. Pub Lib

*Address,* 146 Hanover St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

69787

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
8
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Brown complexion
3. *Date of Birth,* March 2nd 1884
4. *Place of Birth, (Street and Number)* No 2 Hamilton St
5. *Full Name of Mother,* Octavia Leampson
6. *Mother's Maiden Name,* " Johnson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Isaiah Leampson
9. *Father's Occupation,* Oysterman
10. *Father's Birthplace.* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Amelia Johnson

*Address,* 6 Hamilton St

*Remarks,*

Every Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

69988

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd 84
4. Place of Birth, (Street and Number) 478 N. Washington St.
5. Full Name of Mother, Florence E. Schaur.
6. Mother's Maiden Name, F. E. Armiger
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Chas B. Schaur
9. Father's Occupation, Cutter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Wilson Barber Reiss Gebauer

Address, No 28 N Frederick Street

Remarks,

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PITT & CO., CITY PRINTERS AND STATIONERS.

69989

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5tes Kind

1. Sex, (state whether male or female) Madchen
2. Race or Color, (if not of the white race) Weiß
3. Date of Birth, Geboren 3ten März
4. Place of Birth, (Street and Number) No 214 S. Dallas Str
5. Full Name of Mother, Anne Schön
6. Mother's Maiden Name, Anne Tisch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Schön
9. Father's Occupation, Handarbeiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufann

Address, No 202 S. Dallas Str

Remarks, Hebamme

HEALTH DEPARTMENT MAR 4 1894 BALTIMORE

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

6990

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) | 3rd. |
| 1. *Sex.* (*state whether male or female*) | Male |
| 2. *Race or Color.* (*if not of the white race*) | White |
| 3. *Date of Birth,* | March 3rd. 1884 |
| 4. *Place of Birth,* (*Street and Number*) | 356 S. Caroline St. |
| 5. *Full Name of Mother* | Eliz. Hoskins |
| 6. *Mother's Maiden Name,* | Eliz. Smith |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | Elias. Hoskins |
| 9. *Father's Occupation,* | Laborer. |
| 10. *Father's Birthplace,* | Ireland. |
| *Name of Medical Attendant,* or other Person who makes this Return | N. L. Dashiell, Jr. M. D. |
| *Address,* | 207 S. Broadway |
| *Remarks,* | |

© DULANY & CO., CITY PRINTERS AND STATIONERS

69991

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 3 1884
4. *Place of Birth, (Street and Number)* 350 Sharford Av
5. *Full Name of Mother,* Elizabeth McKey
6. *Mother's Maiden Name,* Elizabeth Nace
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* William Th. McKey
9. *Father's Occupation,* Rope maker
10. *Father's Birthplace,* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return Jane E. Bayless

*Address,* No 386 Sharford Av

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

69992

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 6 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | female 6 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | female Color |
| 3. *Date of Birth,* | March 3 |
| 4. *Place of Birth, (Street and Number)* | No 93 S Durham Street |
| 5. *Full Name of Mother,* | Emma Stewd |
| 6. *Mother's Maiden Name,* | Emma Stepney |
| 7. *Mother's Birthplace,* | Annaney Country |
| 8. *Full Name of Father,* | Elam Stewd |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Annapy Country |
| *Name of Medical Attendant,* or other Person who makes this Return | Swin Morgin |
| *Address,* | No 47 N Durham St |
| *Remarks,* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

TULLARY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH, 69993

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
6
1884
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* Fourth

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 3rd 1884.
4. *Place of Birth, (Street and Number)* 45 E. Pratt st
5. *Full Name of Mother* Margaret Elizabeth Nolte
6. *Mother's Maiden Name* Margaret E. Scharfer
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Bernard Franklin Nolte
9. *Father's Occupation* Restaurant.
10. *Father's Birthplace* Baltimore City Md

*Name of Medical Attendant, or other Person who makes this Return.* Nicholas L. Dashiell, M.D.

*Address* 207 S. Broadway.

*Remarks*

69994

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 3 ed 1884
4. *Place of Birth, (Street and Number)* No. 182 Hamburg st.
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* Rittmiller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Miller
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return J. Schwasser midwife

*Address,* 330 Hanover st.

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

6997

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 14

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3d of March 1884
4. Place of Birth, (Street and Number) No 159 Chestnut st
5. Full Name of Mother, Margaret Stevenson
6. Mother's Maiden Name, Margret Mallen
7. Mother's Birthplace, Ireland
8. Full Name of Father, William Stevenson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return Jno E. Bayless

Address, No 386 Hanford Av

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

69996

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (7) seventh

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 3, 1884
4. Place of Birth, (Street and Number) 16 Hoar st.
5. Full Name of Mother, Bertha Eck
6. Mother's Maiden Name, Bertha Vollmer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Philipp Eck
9. Father's Occupation, Schoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schäfer

Address, 20 Columbia St.

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

69997

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd 1884
4. Place of Birth, (Street and Number) Baltimore 119 South Eden St
5. Full Name of Mother, Mary Myers
6. Mother's Maiden Name, Peacock
7. Mother's Birthplace, Baltimore
8. Full Name of Father. W Grace Myers.
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Hannah Fowler

Address, 136 S Caroline St

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. UIET & CO., CITY PRINTERS AND STATIONERS.

69998

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 8 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 3/84
4. *Place of Birth, (Street and Number)* 235 Battery Ave
5. *Full Name of Mother,* Cecilia A Mannion
6. *Mother's Maiden Name,* " " Gold
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* John Mannion
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Chicago Ill

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St Per L.B.

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

69999

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 8 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 3/84
4. *Place of Birth, (Street and Number)* 275 Sharp St
5. *Full Name of Mother,* Barbara Litz
6. *Mother's Maiden Name,* " Leile
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo A Litz
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St Per L B

*Remarks,*

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70000

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 3° '84
4. *Place of Birth, (Street and Number)* 117 E. Townsend St.
5. *Full Name of Mother,* Nellie Whelan
6. *Mother's Maiden Name,* " Campbell
7. *Mother's Birthplace,* —
8. *Full Name of Father,* Thomas A. Whelan
9. *Father's Occupation,* Lawyer.
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other Person who makes this Return. T. Barton Brune Med

*Address,* 315 N. Charles St.

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

10001

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 3rd 1884 |
| 4. *Place of Birth, (Street and Number)* | 20 Johnson St |
| 5. *Full Name of Mother,* | Sadie Seward |
| 6. *Mother's Maiden Name,* | Sadie Harrison |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Seward |
| 9. *Father's Occupation,* | Sail Maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return* | H B Stobb, M.D |
| *Address,* | 50 Hanover |
| *Remarks,* | |

adrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

70002

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white race

3. Date of Birth, March the 3d

4. Place of Birth, (Street and Number) Baltimore Light st No 2011

5. Full Name of Mother, Mary Marsh

6. Mother's Maiden Name, walker

7. Mother's Birthplace, princegeorge Co Md

8. Full Name of Father, walter Marsh

9. Father's Occupation, sailor

10. Father's Birthplace, virginia

Name of Medical Attendant, or other Person who makes this Return Elisabeth Hallowell

Address, william st No 294

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

70003

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
13
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5c |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March the 3 1884 |
| 4. *Place of Birth, (Street and Number)* | Parish st No 30 |
| 5. *Full Name of Mother,* | Laura J Kirby |
| 6. *Mother's Maiden Name,* | Laura D Darry |
| 7. *Mother's Birthplace,* | Newark Ohio |
| 8. *Full Name of Father,* | John Kirbey |
| 9. *Father's Occupation,* | Blacksmith |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs S Kelly |
| *Address,* | No 737 Pratt st |
| *Remarks,* | |

...ct Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

...PIET & SON, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70004
70004

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 the

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 of Martz
4. *Place of Birth, (Street and Number)* 379 Alice Anna St.
5. *Full Name of Mother,* Friedericke Schulte (single)
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Linnen (Tecklenburg (Germ)
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return Mrs G. Behnken

*Address,* 54 Essex St.

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PIET & ANS., CITY PRINTERS AND STATIONERS.

70006

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 March 4th 1884
4. *Place of Birth, (Street and Number)* N. Gilmor St. No 468
5. *Full Name of Mother,* Ida Mary Carroll
6. *Mother's Maiden Name,* Ida Mary Mitchell
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Francis J. Carroll
9. *Father's Occupation,* Manufacturer
10. *Father's Birthplace,* Delaware

*Name of Medical Attendant,* or other Person who makes this Return L. G. Spanow M.D.

*Address,* No 427 N. Stricker St.

*Remarks,*

...sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

70006

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Collured
3. *Date of Birth,* March th 4 1884
4. *Place of Birth, (Street and Number)* Stockton st 3
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Louiesa simes
7. *Mother's Birthplace,* Enaploer
8. *Full Name of Father,* got none
9. *Father's Occupation,*
10. *Father's Birthplace,* Chollotz proctor mid Nife

*Name of Medical Attendant,* or other Person who makes this Return 1618 Cotton st

*Address,*

*Remarks,*

[illegible] of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

10007

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother.* (*state whether 1st, 2d, 3d, &c.*) | First |
| 1. *Sex.* (*state whether male or female*) | Male |
| 2. *Race or Color.* (*if not of the white race*) | White |
| 3. *Date of Birth,* | March 4th 1884 |
| 4. *Place of Birth,* (*Street and Number*) | 161 W Lombard — Maternity |
| 5. *Full Name of Mother,* | Kate Rice |
| 6. *Mother's Maiden Name,* | ? |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other Person who makes this Return | M. D. McIntosh |
| *Address,* | 161 W Lombard |
| *Remarks,* | |

DULANY & CO., CITY PRINTERS AND STATIONERS

70008

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [redacted]

1. *Sex, (state whether male or female)* [redacted] Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 4th 184
4. *Place of Birth, (Street and Number)* No 78 Boyd St Balto
5. *Full Name of Mother,* Rose Ann Fahey
6. *Mother's Maiden Name,* Rose Ann Sennett
7. *Mother's Birthplace,* Balto. Co Maryland
8. *Full Name of Father,* Patrick J Fahey
9. *Father's Occupation,* Care Driver
10. *Father's Birthplace,* County Galway Ireland

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 No Pappelton St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PILT & CO., CITY PRINTERS AND STATIONERS.

70009

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 7 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4th
4. *Place of Birth, (Street and Number)* No. 88 Bank st
5. *Full Name of Mother,* Lizzie Peyser
6. *Mother's Maiden Name,* " Stern
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Isaac Peyser
9. *Father's Occupation,* Manufacturer Pants
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other Person who makes this Return Sophie Siemonn

*Address,* No. 70 Granby st.

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

70010

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3ten Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 4. 1884.
4. *Place of Birth, (Street and Number)* Miller St. No. 21.
5. *Full Name of Mother,* Maria Meier
6. *Mother's Maiden Name,* Maria Brauer
7. *Mother's Birthplace,* Friedebery, Kr. Preussen Germany
8. *Full Name of Father,* Leonhard Meier
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Kamora, Kr. Preussen Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St. No. 26

*Remarks,*

stoner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & CO., CITY PRINTERS AND STATIONERS.

70011

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4/84
4. *Place of Birth, (Street and Number)* 23 Wall St
5. *Full Name of Mother,* Annie C Callihan
6. *Mother's Maiden Name,* " " Taylor
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* John T Callihan
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Va

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D. Per [illegible]

*Address,* 146 Hanover St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7012

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 4th |
| 4. *Place of Birth, (Street and Number)* | 73 Parish Street |
| 5. *Full Name of Mother,* | Mary Ann McConnell |
| 6. *Mother's Maiden Name,* | Mary Ann Dukes |
| 7. *Mother's Birthplace,* | Texas Baltimore county |
| 8. *Full Name of Father,* | Thomas McConnell |
| 9. *Father's Occupation,* | Hucster |
| 10. *Father's Birthplace,* | Manchester England |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Ann Kraning |
| *Address,* | P.O. 60 Parish st Balto Md |
| *Remarks,* | Mother & child doing well |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

KELLY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7001 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Tuesday, March 4 1884.
4. *Place of Birth, (Street and Number)* 24 Durst alley,
5. *Full Name of Mother,* Mary Ann Marsh
6. *Mother's Maiden Name,* Mary Ann Sherlock
7. *Mother's Birthplace,* Havre de Grass Md.
8. *Full Name of Father,* George Marsh
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Conway

*Address,* 131 Battery Avenue

*Remarks,* Physical Condition good.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

10014

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 March
4. Place of Birth, (Street and Number) 11 Market-space
5. Full Name of Mother, Maggie Trempe
6. Mother's Maiden Name, Gerry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Trempe
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard street

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

70015

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4-th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* 4 Martch
4. *Place of Birth, (Street and Number)* Baltimore No. 110 Welcom aley
5. *Full Name of Mother,* eler scott
6. *Mother's Maiden Name,* eler larkins
7. *Mother's Birthplace,* verginer
8. *Full Name of Father,* Samuel scott
9. *Father's Occupation,* Water
10. *Father's Birthplace,* york town

*Name of Medical Attendant,* or other Person who makes this Return Miley grass.

*Address,* No 12 plumo aley

*Remarks,*

Exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

70016

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th 84 –
4. Place of Birth, (Street and Number) 239. Central Ave
5. Full Name of Mother, Sety Wenuk
6. Mother's Maiden Name, " Albery
7. Mother's Birthplace, Germany
8. Full Name of Father, Jakub Wenuk
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20. Barnes Str

Remarks, ——————

[illegible] of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], PIET & CO., CITY PRINTERS AND STATIONERS.

70017

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
16
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, March 3th 1884
4. Place of Birth, (Street and Number) Harrison St 45
5. Full Name of Mother, Ida Lominsky
6. Mother's Maiden Name, " Ellgood
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Lominsky
9. Father's Occupation, Cigarette Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs R. Ullig

Address, 48 Holland Ct

Remarks,

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

7078

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 of March

4. Place of Birth, (Street and Number) Canton

5. Full Name of Mother, Barbara Eidelotth

6. Mother's Maiden Name, = Löffler

7. Mother's Birthplace, Laaan (Bavaria)

8. Full Name of Father, John Eidelotth

9. Father's Occupation, Farmer

10. Father's Birthplace, Baffick (Bavaria)

Name of Medical Attendant, or other Person who makes this Return Mrs. G. Bohnstedt

Address, 54 Essex St.

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. METZ & CO., CITY PRINTERS AND STATIONERS.

70019

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | March 5th 184 |
| 4. *Place of Birth, (Street and Number)* | 47 E monument Street |
| 5. *Full Name of Mother,* | Ella Henry |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Mary land |
| 8. *Full Name of Father,* | John Johnson |
| 9. *Father's Occupation,* | Oyster Shucker |
| 10. *Father's Birthplace,* | Mary land |
| *Name of Medical Attendant,* or other Person who makes this Return | Helen Melance |
| *Address,* | 39 E monument street |
| *Remarks,* | |

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

70070

HEALTH DEPARTMENT
MAR 12 1884
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9"

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 5" 1884

4. Place of Birth (Street and Number) 535 Light St

5. Full Name of Mother Sarah E. Thorney

6. Mother's Maiden Name Sarah E. Smith

7. Mother's Birthplace Baltimore Co Md

8. Full Name of Father John Thorney

9. Father's Occupation at B & O. R.R.

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke, M.D.

Address 110 Fort ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who [illegible] shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to [illegible] registrar [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of [illegible] child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

# RETURN OF A BIRTH.

7 0020

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 9" |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 5" 1884 |
| *4. Place of Birth (Street and Number)* | 535 Light St |
| *5. Full Name of Mother* | Sarah E. Thorney |
| *6. Mother's Maiden Name* | Sarah E. Smith |
| *7. Mother's Birthplace* | Baltimore Co Md |
| *8. Full Name of Father* | John Thorney |
| *9. Father's Occupation* | at B & O. R.R. |
| *10. Father's Birthplace* | England |
| *Name of Medical Attendant,* or other Person who makes this Return. | O. A. Cooke, M.D. |
| *Address* | 110 Fort ave |
| *Remarks* | |

700 21

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
10
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th
4. Place of Birth, (Street and Number) 165 Bentalou St.
5. Full Name of Mother, Bertha Yungel
6. Mother's Maiden Name, Bertha Gaffner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Yungel
9. Father's Occupation, Cattle Shiper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Hiler

Address, 1201 W. Pratt St.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIET & CO., CITY PRINTERS AND STATIONERS.

70022

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 10 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th
4. Place of Birth, (Street and Number) No 14 Calverton Road.
5. Full Name of Mother, Mrs Johanna Volkert.
6. Mother's Maiden Name, Johanna Seinhase
7. Mother's Birthplace, Streufdof.
8. Full Name of Father, Ferdinand Volkert.
9. Father's Occupation, Butcher
10. Father's Birthplace, Dillenburg. Nassau

Name of Medical Attendant, or other Person who makes this Return Mrs. Hiler

Address, No 1017 W. Pratt. St.

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

70023

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10 th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 5 th 1884
4. *Place of Birth (Street and Number)* 7 Byrne Street
5. *Full Name of Mother* Martha A Sythus
6. *Mother's Maiden Name* Martha A Jones
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* James E Sythus
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore md

*Name of Medical Attendant, or other Person who makes this Return.* Catherine Riley

*Address* 1 of Walker Street

*Remarks*

700 24

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAR 5 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex (state whether Male or Female)* | ~~Male~~ |
| 2. *Race or Color (if not of the white race)* | Colored |
| 3. *Date of Birth* | March 5th. |
| 4. *Place of Birth (Street and Number)* | 152 York street. |
| 5. *Full Name of Mother* | Mary Jaws. |
| 6. *Mother's Maiden Name* | |
| 7. *Mother's Birthplace* | Acmackey Virginia |
| 8. *Full Name of Father* | Jim Jaws |
| 9. *Father's Occupation* | Sailor |
| 10. *Father's Birthplace* | Acmackey Virginia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Mahle |
| *Address* | 142 York street |
| *Remarks* | |

70025

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 8th

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 6. 84.
4. Place of Birth, (Street and Number) Oliver St. No 371
5. Full Name of Mother, Katharine Trost
6. Mother's Maiden Name, Stein
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Michael Trost
9. Father's Occupation, Schuhmaker
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Raubach

Address, S. Wolf No 14

Remarks,

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

70026

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 des Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 6, 1884
4. *Place of Birth, (Street and Number)* S. Register St. No. 89.
5. *Full Name of Mother,* Susanna Mc Paul
6. *Mother's Maiden Name,* Susanna Hulin
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Peter Mc Paul
9. *Father's Occupation,* Capitain
10. *Father's Birthplace,* Brodklin Island N. Gr. Britt. Europa

*Name of Medical Attendant,* or other Person who makes this Return, Mary E. Miller

*Address,* N. Dallas St. No. 26

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7027

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of march.
4. Place of Birth, (Street and Number) 120 Orleans. St
5. Full Name of Mother E T Montgomery.
6. Mother's Maiden Name, E T. Kidmore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J E Montgomery
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N Caroline St.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

70028

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One (illegible)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored Male

3. Date of Birth, March 6, 1884

4. Place of Birth, (Street and Number) 143 Hollis St

5. Full Name of Mother, Mary Washington

6. Mother's Maiden Name, Mary Johnson

7. Mother's Birthplace, Yorktown Virginia

8. Full Name of Father, Isaac Washington

9. Father's Occupation, Laborer

10. Father's Birthplace, Yorktown Virginia

Name of Medical Attendant, or other Person who makes this Return Lucindia Woolford

Address, 130 N Register St

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

E. FIET & CO., CITY PRINTERS AND STATIONERS.

70029

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* March 6, 1884
4. *Place of Birth, (Street and Number)* 20 Hallis St
5. *Full Name of Mother,* Louvisia Keys
6. *Mother's Maiden Name,* Louvisia Smith
7. *Mother's Birthplace,* Salbury County
8. *Full Name of Father,* Noble Keys
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Carolinia County

*Name of Medical Attendant,* or other Person who makes this Return Lucindia Wolford

*Address,* 130 N Register St

*Remarks,*

Exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PIET & CO., CITY PRINTERS AND STATIONERS.

1000

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 10 1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (12th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6th 84
4. Place of Birth, (Street and Number) No 44 S Bond st
5. Full Name of Mother, Mrs Lizzie E Murdock
6. Mother's Maiden Name, " " Mull
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John E Murdock
9. Father's Occupation, Cutler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Goetzke

Address, No 65 S Bond st

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 0031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| 1. *Sex, (state whether male or female)* | F. Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 6 — 84 |
| 4. *Place of Birth, (Street and Number)* | S.W. Cor. Eager & Constitution Sts |
| 5. *Full Name of Mother,* | Laura Lugins |
| 6. *Mother's Maiden Name,* | Laura Boyd |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Lugins |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return* | F. Gilmore M.D. |
| *Address.* | 1, S. Exeter St |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

70032

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 3rd 1884
4. *Place of Birth, (Street and Number)* 88, Ramsey St
5. *Full Name of Mother,* Mary E. Barrett
6. *Mother's Maiden Name,* " " Graves
7. *Mother's Birthplace,* Kent Co Md
8. *Full Name of Father,* Jno Barrett
9. *Father's Occupation,*
10. *Father's Birthplace,* Washington D.C.

*Name of Medical Attendant,* or other Person who makes this Return Jno D Blake Md

*Address,* 158, S Raca St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

70033

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 3rd 1884
4. *Place of Birth, (Street and Number)* 178, S Raca St
5. *Full Name of Mother,* Sola G. Lusthicum
6. *Mother's Maiden Name,* " " Benson
7. *Mother's Birthplace,* A A Co Md
8. *Full Name of Father,* Asa S. Lusthicum
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Jno D. Blake Md

*Address,* 158, S Raca St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70034

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6th 1884
4. *Place of Birth, (Street and Number)* 9 1/4 N Frontst
5. *Full Name of Mother,* Ida Lewin
6. *Mother's Maiden Name,* Ida Carolitzky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Emil Lewin
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other Person who makes this Return Mrs Tustmann

*Address,* No 6 Broad Alley Lombardst

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

1035

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 10 1894 BALTIMORE MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 6th |
| 4. *Place of Birth, (Street and Number)* | Hall St. opp No 12 |
| 5. *Full Name of Mother,* | Kate Hester |
| 6. *Mother's Maiden Name,* | Bell |
| 7. *Mother's Birthplace,* | Takesville Dorchester Co Md |
| 8. *Full Name of Father,* | George W. Hester |
| 9. *Father's Occupation,* | City Carter |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return* | Drusilla Ann Pickering |
| *Address,* | No 6 Cabes Court |
| *Remarks,* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70036

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6th 1884
4. *Place of Birth (Street and Number)* N. Gay st No 196
5. *Full Name of Mother,* Anna L. Popp
6. *Mother's Maiden Name,* Anna L. Reed
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Charles E. Popp
9. *Father's Occupation,* Restaurant Proprietor
10. *Father's Birthplace,* Baltimore Maryland

*Name of Medical Attendant,* or other Person who makes this Return. H. P. Yeates

*Address,* 218 O'Donnel st Canton

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

70037

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twins

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 6th 1884
4. Place of Birth, (Street and Number) # 10 Upton st Baltimore
5. Full Name of Mother, Elvira Collins
6. Mother's Maiden Name, Elvira Bailey
7. Mother's Birthplace, Augusta Co Va
8. Full Name of Father, Henry Collins
9. Father's Occupation, Waiter
10. Father's Birthplace, Goochland co Va

Name of Medical Attendant, or other Person who makes this Return Hester Colance

Address, N 39 Little Monument 4

Remarks,

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO. CITY PRINTERS AND STATIONERS.

70038

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT. MAR 11 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White race |
| 3. *Date of Birth,* | 6th March 1884 |
| 4. *Place of Birth, (Street and Number)* | 38 Pine St. Balto |
| 5. *Full Name of Mother,* | Lydia E Kirkness |
| 6. *Mother's Maiden Name,* | Lydia E Hummer |
| 7. *Mother's Birthplace,* | near Heidlersburg, Adams County Pa |
| 8. *Full Name of Father,* | John J Kirkness |
| 9. *Father's Occupation,* | Photographer |
| 10. *Father's Birthplace,* | Sandwick, Orkney, Scotland |
| *Name of Medical Attendant,* or other Person who makes this Return | Susan Hunter |
| *Address,* | 21 N. Poppleton St |
| *Remarks,* | |

closer of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

70039

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of March 1884
4. Place of Birth, (Street and Number) No 407 Light St
5. Full Name of Mother, Anni Klein
6. Mother's Maiden Name, Annie Williams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Klein
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Greshaber

Address, No 128 West St

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

70040

# RETURN OF A BIRTH

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6 1884
4. *Place of Birth, (Street and Number)* Federal Street Baltimore
5. *Full Name of Mother,* Antony Topkowsky
6. *Mother's Maiden Name,* Antony Lasinsky
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Lorenz Lasinsky
9. *Father's Occupation,* Brewer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Brown

*Address,* Chester Street near Bel air Av

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

7004

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | March 6th |
| 4. *Place of Birth, (Street and Number)* | 21 Monument |
| 5. *Full Name of Mother,* | Maggie Adams |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Littleton Jones |
| 9. *Father's Occupation,* | Oyster Shucker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Hunter Molance |
| *Address,* | 39 Monument street |
| *Remarks,* | |

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

70042

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 14 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of March
4. Place of Birth, (Street and Number) 183 Madeira Alley
5. Full Name of Mother, Annie Keller
6. Mother's Maiden Name, = Wünsch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anton Keller
9. Father's Occupation, Baster Schenker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs G. Rehnbaum

Address, 54 Essex St.

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

70043

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6th 1884
4. *Place of Birth, (Street and Number)* # 322 Madison St.
5. *Full Name of Mother,* Pauline Taylor
6. *Mother's Maiden Name,* " Haas
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph Taylor
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs R. Ellis

*Address,* 48 Holland St.

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & CO., CITY PRINTERS AND STATIONERS.

7004-4

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT. MAR 8 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7 84
4. *Place of Birth, (Street and Number)* 101 Camden St
5. *Full Name of Mother,* Mary R. C. J. Vansant
6. *Mother's Maiden Name,* " " " Casey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas C. Vansant
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cook M.D.

*Address,* 116 Hanover St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70045

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE.

*No. of Child of Mother.* (*state whether 1st, 2d, 3d, &c.*) 5th.

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 7th of march.
4. *Place of Birth,* (*Street and Number*) 116 Central Ave.
5. *Full Name of Mother,* Mary Francis
6. *Mother's Maiden Name,* Mary Wood.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Francis.
9. *Father's Occupation,* Ingeneer.
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Mary Walter.

*Address,* 125 N. Caroline St.

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

70046

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother,* (~~state whether 1st, 2d, 3d, &c.~~) 5th Child

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the white race~~)
3. *Date of Birth,* March 7th 11 P.M.
4. *Place of Birth,* (Street and Number) 2 N. Front St.
5. *Full Name of Mother,* Ellen Warren
6. *Mother's Maiden Name,* " Bond
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Augustus Warren
9. *Father's Occupation,* Manager Gem Theatre
10. *Father's Birthplace,* Pa

*Name of Medical Attendant,* or other Person who makes this Return. A. Traquair Hartzell M.D.

*Address,* 88 E Baltimore St

*Remarks,* Instrumental, attended Mr Mother

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
10
1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th 84
4. Place of Birth, (Street and Number) No 19 Block St
5. Full Name of Mother, Mrs Christina McDonald
6. Mother's Maiden Name, Johnston
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James McDonald
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mr Goetzke

Address, No 65 S. Bond St

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. FIET & CO., CITY PRINTERS AND STATIONERS.

70048

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 10 1884
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th 1884
4. *Place of Birth, (Street and Number)* No 337 Gough St
5. *Full Name of Mother,* Mrs Mary Baum
6. *Mother's Maiden Name,* " Tewes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Baum
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Gretzke

*Address,* No 05 S Bond St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. FIET & CO., CITY PRINTERS AND STATIONERS.

70049

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the third

1. *Sex, (state whether male or female)* White Female
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* March 7th 1884
4. *Place of Birth, (Street and Number)* 183 Little Front st
5. *Full Name of Mother,* Ophelia Sandly
6. *Mother's Maiden Name,* " Lewitzky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Sandly
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other Person who makes this Return Mrs Tustmann

*Address,* No 6 Broad Alley Lombardst.

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70060

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
11
1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 7th March 1884 |
| 4. *Place of Birth, (Street and Number)* | No 12 Forest Place |
| 5. *Full Name of Mother,* | Annie McNeal |
| 6. *Mother's Maiden Name,* | Annie Burns |
| 7. *Mother's Birthplace,* | Baltimore County |
| 8. *Full Name of Father,* | Michael McNeal |
| 9. *Father's Occupation,* | Police |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Sayer |
| *Address,* | 173 Hanover Ave |
| *Remarks,* | Baltimore Md |
| | 1884 |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70051

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th of March 1884
4. *Place of Birth, (Street and Number)* No 175 East Eager
5. *Full Name of Mother,* Annie Gaitly
6. *Mother's Maiden Name,* Annie McLoane
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Micheal McLoane
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Mrs Christina Lauer

*Address,* 173 Harford Ave

*Remarks,* Baltimore Md

1884

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7005 2

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 7th of March 1884 |
| 4. *Place of Birth, (Street and Number)* | No 178 Harford Ave. |
| 5. *Full Name of Mother,* | Kunigunda Frank |
| 6. *Mother's Maiden Name,* | Kunigunda Shmidt |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Henry Frank |
| 9. *Father's Occupation,* | Shoemaker |
| 10. *Father's Birthplace.* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Sauer |
| *Address,* | 173 Harford Ave |
| *Remarks,* | Balto Md |
| | 1884 |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HILANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 7 1884. 108 William St

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,* Dora Bilbin

6. *Mother's Maiden Name,* Dora Fisher

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Alfred Bilbin

9. *Father's Occupation,* Mechanic

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return H. B. Robb M.D.

*Address,* Home av

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70054

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7 1884
4. *Place of Birth, (Street and Number)* 47 Covington st
5. *Full Name of Mother,* Emma Hendricks
6. *Mother's Maiden Name,* Emma Anthony
7. *Mother's Birthplace,* Morren, Pennsylvania
8. *Full Name of Father,* Arthur Hendricks
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Wexward, Ireland

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Ann Nash

*Address,*

*Remarks,*

[illegible] shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

70055

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 of March 1884
4. *Place of Birth, (Street and Number)* No 37 Gilfords (alley
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Mary Spindler
7. *Mother's Birthplace,* Beiran
8. *Full Name of Father,* John Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* V Hessen

*Name of Medical Attendant,* or other Person who makes this Return Sabina Greshaber

*Address,* No 125 West St

*Remarks,*

[illegible] register of [illegible] birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], PIET & CO., CITY PRINTERS AND STATIONERS.

70056

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wht
3. *Date of Birth,* 7 of March 1884
4. *Place of Birth, (Street and Number)* No 102 Batry, avenue
5. *Full Name of Mother,* Annie Miller
6. *Mother's Maiden Name,* Annie Filner
7. *Mother's Birthplace,* St Louis
8. *Full Name of Father,* John Miller
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Hessen

*Name of Medical Attendant,* or other Person who makes this Return Sabina Gretaber

*Address,* No 128 West St

*Remarks,*

Exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

70057

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 of 8 March 1884
4. *Place of Birth, (Street and Number)* No 7 Y1 Alley
5. *Full Name of Mother,* Cora Folk
6. *Mother's Maiden Name,* Cora Mask
7. *Mother's Birthplace,* Baden
8. *Full Name of Father,* Otto Folk
9. *Father's Occupation,* Watchmaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sabina Grieshaber

*Address,* No 128 West St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

E. PIET & CO., CITY PRINTERS AND STATIONERS.

100 58

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 7 of March |
| 4. *Place of Birth, (Street and Number)* | 243 Hoer Street |
| 5. *Full Name of Mother,* | Ella R. Matt |
| 6. *Mother's Maiden Name,* | Ella R. Johnson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Matt |
| 9. *Father's Occupation,* | Oyster Shucker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Jane Richardson |
| *Address,* | 212 Hoer St |
| *Remarks,* | |

exact register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

E. PHILT & CO., CITY PRINTERS AND STATIONERS.

70059

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* 1 Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 7 " 18 " 84
4. *Place of Birth, (Street and Number)* Lemon st No " 31
5. *Full Name of Mother,* Margaret Arnold
6. *Mother's Maiden Name,* Margaret Pool
7. *Mother's Birthplace,* germany
8. *Full Name of Father,* gadlip Arnold
9. *Father's Occupation,* Labrer
10. *Father's Birthplace,* germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs S Kelly

*Address,* No 797 Pratt st

*Remarks,*

[illegible] exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PILT & CO., CITY PRINTERS AND STATIONERS.

10060

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First {1st}

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 7th, 1884.
4. *Place of Birth, (Street and Number)* No. 297 Orleans Street.
5. *Full Name of Mother,* Mrs. Louisa F. Heusler
6. *Mother's Maiden Name,* Miss Louisa F. Lutz.
7. *Mother's Birthplace,* Baltimore County, Maryland.
8. *Full Name of Father.* Mr. Charles Ernst Heusler.
9. *Father's Occupation,* Taylor.
10. *Father's Birthplace.* Baltimore City, Maryland.

*Name of Medical Attendant,* or other Person who makes this Return Wm. H. Clendinen M.D.

*Address.* No. 102 North Broadway.

*Remarks.*

---

Number of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. HIET & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

7006 1

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th — |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White — |
| *3. Date of Birth* | March 7th — 1884 — |
| *4. Place of Birth (Street and Number)* | 276 W. Lanvale St. |
| *5. Full Name of Mother* | Lana Hissey — |
| *6. Mother's Maiden Name* | Glendinning |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | Wm. Hissey Jr — |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Balto — |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. Ne. Gwldsmith, M. D. |
| *Address* | Harlem av. & Calhoun st |
| *Remarks* | |

70062

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Caroline Elizabeth Jerscheid

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

1. *Sex, (state whether* [redacted] *female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March the 8 1884
4. *Place of Birth, (Street and Number)* S. Bond St. No 257.
5. *Full Name of Mother,* Katharina Jerscheidt
6. *Mother's Maiden Name,* Katharine Gros
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Michael Jerscheidt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St. No 26 GIVEN NAME ADDED. 6-17-93

*Remarks,*

[illegible] under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7063

*To the Office of Registrar of Vital Statistics, Board of Health,*

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1884 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | March 8. 1884. |
| 4. *Place of Birth, (Street and Number)* | 270 E. Biddle St. |
| 5. *Full Name of Mother,* | Sarah F. Goulburn. |
| 6. *Mother's Maiden Name,* | Sarah F. Clarridge. |
| 7. *Mother's Birthplace,* | Baltimore. |
| 8. *Full Name of Father,* | Henry H. Goulburn. |
| 9. *Father's Occupation,* | Foreman of Shoe-factory. |
| 10. *Father's Birthplace,* | Baltimore. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno. F. Powell M.D. |
| *Address,* | 227 Caroline Ave. |
| *Remarks,* | Child - Healthy. |

JOHN D. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

7006

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | March 8th 84 |
| 4. *Place of Birth, (Street and Number)* | 210 Park ave. |
| 5. *Full Name of Mother,* | M. Fidelia Lewis |
| 6. *Mother's Maiden Name,* | " " Waters |
| 7. *Mother's Birthplace,* | City |
| 8. *Full Name of Father,* | Walker Lewis |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Va. |
| *Name of Medical Attendant,* or other Person who makes this Return. | F. Barlow Brune |
| *Address,* | 315 N. Charles St. |
| *Remarks,* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

70065

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 8th March
4. *Place of Birth, (Street and Number)* 85 N. Wolfe St
5. *Full Name of Mother,* Annie Gardner
6. *Mother's Maiden Name,* " McKinsley
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John L. Gardner
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return J. J. Groff

*Address,* 137 Orleans St

*Remarks,*

...any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70066

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) White Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8th
4. Place of Birth, (Street and Number) No 11 Fulton St.
5. Full Name of Mother, Anna Kanaham.
6. Mother's Maiden Name, Mrs Dorsey.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Mr. Myers Dorsey.
9. Father's Occupation, Butcher.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. Hiler.

Address, No 1017 W. Pratt St.

Remarks,

Exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70067

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th 1884
4. *Place of Birth, (Street and Number)* 827 Hamburg st
5. *Full Name of Mother,* Henrietta Mukins
6. *Mother's Maiden Name,* Henrietta Tall
7. *Mother's Birthplace,* Dorchester County Md
8. *Full Name of Father,* Robert J. Tall
9. *Father's Occupation,* Sadl Maker
10. *Father's Birthplace,* Dorchester County Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M. A. Cottrell

*Address,* 155 Montgomery st.

*Remarks,*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

70068

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 8th 1884 |
| 4. *Place of Birth, (Street and Number)* | 195 Johnson st |
| 5. *Full Name of Mother,* | Sallie Gourley |
| 6. *Mother's Maiden Name,* | Sallie Ruther |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Capt Phillip Gourley |
| 9. *Father's Occupation,* | Mariner |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant, or other Person who makes this Return* | H. B. Noble, M.D. |
| *Address,* | Home |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

70069

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth march 8th 1884
4. Place of Birth (Street and Number) 274 mc donugh st.
5. Full Name of Mother Sarah Demby.
6. Mother's Maiden Name Hight
7. Mother's Birthplace Balto
8. Full Name of Father Charles Demby
9. Father's Occupation Junk man
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Francis Anderson

Address 30 mc Cubbin st.

Remarks

**Vice Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

100 70

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 8th of March 1884 |
| 4. *Place of Birth, (Street and Number)* | No 161 Johnson St |
| 5. *Full Name of Mother,* | Clara Wheeler |
| 6. *Mother's Maiden Name,* | Clara Purnell |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | James Wheeler |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sabina Gerstaber |
| *Address,* | No 128 West St |
| *Remarks,* | |

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1934 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 7 March |
| 4. *Place of Birth, (Street and Number)* | 303 Market Space |
| 5. *Full Name of Mother,* | Diela Hannah |
| 6. *Mother's Maiden Name,* | Freese |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | James Hannah |
| 9. *Father's Occupation,* | Resturant |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 72. E. Lombard street |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. HART & SON, CITY PRINTERS AND STATIONERS.

700/2

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 March
4. *Place of Birth, (Street and Number)* 11 Albemarle
5. *Full Name of Mother,* Maggie Westcam
6. *Mother's Maiden Name,* Philips
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Westcam
9. *Father's Occupation,* Working-man
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard street

*Remarks,*

[illegible] of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] B. PIET & CO., CITY PRINTERS AND STATIONERS.

1607 3

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 March
4. Place of Birth, (Street and Number) 27 Blesson
5. Full Name of Mother, Ellen Mahorn
6. Mother's Maiden Name, Wart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John D. Mahorn
9. Father's Occupation, Counsil-man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard street

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...N B. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

70074

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 8th of March

4. Place of Birth (Street and Number) 35 E Lombard St

5. Full Name of Mother M P Watson

6. Mother's Maiden Name Gleen

7. Mother's Birthplace Balt Md

8. Full Name of Father James E Watson

9. Father's Occupation Police officer

10. Father's Birthplace Balt Md

Name of Medical Attendant, or other Person who makes this Return. M A Davenport

Address 19 E Gough St

Remarks Mother & Babi doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# CORRECTION

**The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.**

# RETURN OF A BIRTH.

7004

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8th of March
4. *Place of Birth (Street and Number)* 35 E Lombard St
5. *Full Name of Mother* M A Watson
6. *Mother's Maiden Name* Gibson
7. *Mother's Birthplace* Balt, Md
8. *Full Name of Father* James E Watson
9. *Father's Occupation* Police officer
10. *Father's Birthplace* Balt, Md

*Name of Medical Attendant, or other Person who makes this Return.* M & Davenport

*Address* 49 E Gough St

*Remarks* Mother & Baby doing well

GIVEN NAME ADDED 8-18-50

# RETURN OF A ~~BIRTH.~~

70075

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

Name: Edward Hale Hooper

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 8th 1884 |
| *4. Place of Birth (Street and Number)* | 141 Bolton St. |
| *5. Full Name of Mother* | Annie L. Hooper |
| *6. Mother's Maiden Name* | Annie L. Gale |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | Edward L. Hooper |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Balto City |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. R. Uhler M. D. |
| *Address* | 234 W. Fayette St |
| *Remarks* | |

**Vital Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

70076

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male, |
| 2. *Race or Color, (if not of the white race)* | White, |
| 3. *Date of Birth,* | March 8th 1884 |
| 4. *Place of Birth, (Street and Number)* | 430 N. Wolfe St, |
| 5. *Full Name of Mother,* | Magt Szwirck |
| 6. *Mother's Maiden Name,* | Magt Adomajcke |
| 7. *Mother's Birthplace,* | Poland |
| 8. *Full Name of Father,* | Wilem Szwirck |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Poland |
| *Name of Medical Attendant,* or other Person who makes this Return | Chas. B. Ziegler, M.D. |
| *Address,* | 282 N. Broadway, |
| *Remarks,* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR 13 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 8 — 84 — |
| 4. *Place of Birth, (Street and Number)* | 149 Chase Str |
| 5. *Full Name of Mother,* | Franziska Bandl |
| 6. *Mother's Maiden Name,* | " Reilip |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Henry Bandl |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Josephina Konrad |
| *Address,* | No 20, Barnes Str |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N B. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7008

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Color Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March th/ 1884
4. *Place of Birth, (Street and Number)* 54 Camel Alley
5. *Full Name of Mother,* Henretta Boozs
6. *Mother's Maiden Name,* Mrs Groose
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Gasway Boozs
9. *Father's Occupation,* Publick Works
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other Person who makes this Return

*Address,*

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

70279

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Male R. C. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 8th March |
| 4. *Place of Birth, (Street and Number)* | 62 Castle Alley |
| 5. *Full Name of Mother,* | Bridget Flanigan |
| 6. *Mother's Maiden Name,* | Bridget Cummings |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Larry Flanigan |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. E. Fray |
| *Address,* | 193 Chester St |
| *Remarks,* | |

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH,

70080

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 8th 1884
4. *Place of Birth, (Street and Number)* Fort av. 468
5. *Full Name of Mother* Mary Kensel
6. *Mother's Maiden Name* Mary Davis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Kensel
9. *Father's Occupation* Corker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Donelson No 10 Barney St

*Address* Dr. O. A. Cooke

*Remarks* ~~the~~ Child is doing well But the Mother is ~~in~~ a Critical Condition ~~from~~ Natural Causes

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70081

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | colored |
| 3. *Date of Birth,* | march 8th |
| 4. *Place of Birth, (Street and Number)* | no 6 ohio avenue |
| 5. *Full Name of Mother,* | leah mason |
| 6. *Mother's Maiden Name,* | leah collins |
| 7. *Mother's Birthplace,* | king and queen co va |
| 8. *Full Name of Father,* | charles mason |
| 9. *Father's Occupation,* | labour |
| 10. *Father's Birthplace,* | st mary county |
| *Name of Medical Attendant,* or other Person who makes this Return | mrs Lydia Porter |
| *Address,* | no 4 papts co avenue |
| *Remarks,* | healthy child |

[illegible] under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PIET & CO., CITY PRINTERS AND STATIONERS.

70082

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th 1884
4. *Place of Birth, (Street and Number)* Central ave 76
5. *Full Name of Mother,* Rodha Davis
6. *Mother's Maiden Name,* " Label
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* John Davis
9. *Father's Occupation,* Paper Carrier
10. *Father's Birthplace,* Caroline Co. Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs R Ullrig

*Address,* ~~48~~ 48 Holland St.

*Remarks,*

[illegible] under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] R. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

~~700 84~~ 700 83

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 9 - 1884
4. *Place of Birth, (Street and Number)* ~~Germany~~ 226 Pierce St
5. *Full Name of Mother,* Barbara Cramlitt
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Cramlitt
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Susan White

*Address,* No 73 N Poppleton St

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

70084

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

*No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) First

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* March the Ninth
4. *Place of Birth,* (*Street and Number*) Monument and Chaptank
5. *Full Name of Mother,* Louisa Bensel
6. *Mother's Maiden Name,* Louisa Laischky
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bensel
9. *Father's Occupation,* Milk Business
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Henrietta Flasse

*Address,*

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

70085

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th Child |
| 1. *Sex, (state whether male or female)* | Girl Child |
| 2. *Race or Color, (if not of the white race)* | White Race. |
| 3. *Date of Birth,* | 9th of March. |
| 4. *Place of Birth, (Street and Number)* | Towson Locust St No ~~49~~ 94 |
| 5. *Full Name of Mother,* | Catherina Samstag. |
| 6. *Mother's Maiden Name,* | Catherina Forack |
| 7. *Mother's Birthplace,* | Wurdenbery Germany |
| 8. *Full Name of Father,* | Wichel Samstag |
| 9. *Father's Occupation,* | Fireman |
| 10. *Father's Birthplace,* | Baden Germeny |
| *Name of Medical Attendant,* or other Person who makes this Return | Lizzie Shaffler |
| *Address,* | Corner Forth Ave Towson |
| *Remarks,* | |

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. PIET & CO., CITY PRINTERS AND STATIONERS.

7008

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 13 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) 3 Males
2. Race or Color, (if not of the white race) White
3. Date of Birth, March the 9, 1884
4. Place of Birth, (Street and Number) gilmor No 5
5. Full Name of Mother, Carlotta Rate (triplets)
6. Mother's Maiden Name, Carlotta Raile
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John T Rate
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelly

Address, No 797 Pratt St

Remarks,

Of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PIET & CO., CITY PRINTERS AND STATIONERS.

7088

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5c |
| 1. *Sex, (state whether male or female)* | Males 3 |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March the 9th 1884 |
| 4. *Place of Birth, (Street and Number)* | Stagdan all No 21 |
| 5. *Full Name of Mother,* | Kate Mc gun |
| 6. *Mother's Maiden Name,* | Kate Whallen |
| 7. *Mother's Birthplace,* | ireland |
| 8. *Full Name of Father,* | Wiliam Whallen |
| 9. *Father's Occupation,* | Labrer |
| 10. *Father's Birthplace,* | ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs S Kelly |
| *Address,* | No 797 Pratt st |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

700 88

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | American |
| 3. *Date of Birth,* | March 9th 84 |
| 4. *Place of Birth, (Street and Number)* | Maternite Hospital 161 N. Lombard |
| 5. *Full Name of Mother,* | Ida Isaacson |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father.* | |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other Person who makes this Return | W. Page McCutcheon |
| *Address,* | 161 N. Lombard St |
| *Remarks,* | Illegitimate |

C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7 0089

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Mar 9 84 |
| 4. *Place of Birth, (Street and Number)* | 76 Albemarle St |
| 5. *Full Name of Mother,* | Mary Counter |
| 6. *Mother's Maiden Name,* | Mary Slane |
| 7. *Mother's Birthplace,* | Baltimore County |
| 8. *Full Name of Father,* | Lisbon Counter |
| 9. *Father's Occupation,* | Soldier |
| 10. *Father's Birthplace* | Baltimore County |
| *Name of Medical Attendant,* or other Person who makes this Return | F. Kaufman |
| *Address,* | 202 S. Dallas St |
| *Remarks,* | Mid Wife |

"Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70090

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Wite |
| 3. *Date of Birth,* | 9th Mür |
| 4. *Place of Birth, (Street and Number)* | 97 Clearpick St |
| 5. *Full Name of Mother,* | E Aressy Stane |
| 6. *Mother's Maiden Name,* | Aressy Aeckman |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Max Stane |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | F. Laufman |
| *Address,* | 202 Dallas St |
| *Remarks,* | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7009

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
12
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 & filed |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 9 to Mär |
| 4. *Place of Birth, (Street and Number)* | 291 Bond St |
| 5. *Full Name of Mother,* | Mary Wernicker |
| 6. *Mother's Maiden Name,* | Mary Lenz |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | August Wernicker |
| 9. *Father's Occupation,* | Shumaker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | F. Runfuncan |
| *Address,* | 202 N. Dallas St |
| *Remarks,* | |

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

7009 2

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 9th Mar |
| 4. *Place of Birth, (Street and Number)* | 16. Hanbant St |
| 5. *Full Name of Mother,* | Lizzie Karl |
| 6. *Mother's Maiden Name,* | Lizzie Schumann |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Sailor |
| 9. *Father's Occupation,* | Robert Karl |
| 10. *Father's Birthplace,* | Germany ~~F. Kaufmann~~ |
| *Name of Medical Attendant,* or other Person who makes this Return | C. F. Kaufmann |
| *Address,* | 202. S. Dallas St |
| *Remarks,* | |

"Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

7009 (3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 of March
4. *Place of Birth, (Street and Number)* No 207 West St
5. *Full Name of Mother,* Catherine Mulkern
6. *Mother's Maiden Name,* Catherine Mowen
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Bernard Mulkern
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Sabina Greshabe

*Address,* No 128 West St

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. P. PIET & CO., CITY PRINTERS AND STATIONERS.

10094

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9 1884
4. Place of Birth, (Street and Number) No 70 Division st
5. Full Name of Mother, Mary . Eva . Lippert
6. Mother's Maiden Name, Mary . Eva . Hemmings
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Casper . John . Lippert
9. Father's Occupation, Hard Wood finisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 N. Poppleton St

Remarks,

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

JOHN E. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7009S

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 7th March 84 3 Oclk P.M. |
| 4. *Place of Birth, (Street and Number)* | Fulton & Franklin |
| 5. *Full Name of Mother,* | Annie F. Reynolds Cf |
| 6. *Mother's Maiden Name,* | Annie F. Reynolds |
| 7. *Mother's Birthplace,* | Portsmouth Va |
| 8. *Full Name of Father,* | Geo W. Cole |
| 9. *Father's Occupation,* | Engineer |
| 10. *Father's Birthplace,* | Portsmouth Va |
| *Name of Medical Attendant,* or other Person who makes this Return | Wm Jackson Evans M.D. |
| *Address,* | 240 N. Caren St. Cf |
| *Remarks,* | Second Healthy boy |

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70096

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9th 1884
4. *Place of Birth, (Street and Number)* Cor. Payson + Ramsey St
5. *Full Name of Mother,* Martha Barton -
6. *Mother's Maiden Name,* ~~Charles Barton~~ - Martha Thompson
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Charles Barton.
9. *Father's Occupation,* Driver.
10. *Father's Birthplace,* Balt City.

*Name of Medical Attendant,* or other Person who makes this Return Norman F Hill M.D.

*Address.*

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7009

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 11 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March. 9. 1884 |
| 4. *Place of Birth, (Street and Number)* | 84 Battery ave |
| 5. *Full Name of Mother,* | Kate Schier |
| 6. *Mother's Maiden Name,* | Kate Ehrick |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George Schier |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Trach |
| *Address,* | |
| *Remarks,* | |

Under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. PEET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7098

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
13
1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10th 1884
4. *Place of Birth, (Street and Number)* St. Vincents Infant Asylum
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Mary Feline
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

*Name of Medical Attendant,* or other Person who makes this Return Sister of charity

*Address,*

*Remarks,*

C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7 0099

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
13
1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5-Th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10th 1884
4. *Place of Birth, (Street and Number)* 224 N Calvert
5. *Full Name of Mother,* Annie L Pitts
6. *Mother's Maiden Name,* Annie Goodenough
7. *Mother's Birthplace,* Worchester Md
8. *Full Name of Father,* Sullivan Pitts
9. *Father's Occupation,* Com: Merchant
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return — Cary M Gambrill MD

*Address,* 5-9 Catherine

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH,

70000

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d. |
| 1. *Sex (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White Race. |
| 3. *Date of Birth* | March 1884. |
| 4. *Place of Birth, (Street and Number)* | 716 Light St. |
| 5. *Full Name of Mother* | Annie Byrne. |
| 6. *Mother's Maiden Name* | " McCann. |
| 7. *Mother's Birthplace* | Ireland. |
| 8. *Full Name of Father* | Peter Byrne. |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace* | Ireland. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Annie Greene. |
| *Address* | 634 Light St. |
| *Remarks* | |

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

70101

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Collared
3. *Date of Birth,* tusday th 11 1884
4. *Place of Birth, (Street and Number)* aine st No 155
5. *Full Name of Mother,* lucy murry
6. *Mother's Maiden Name,* lucy friday
7. *Mother's Birthplace,* phillidelphia
8. *Full Name of Father,* andra murry
9. *Father's Occupation,* labor
10. *Father's Birthplace,* kentcounty

*Name of Medical Attendant,* or other Person who makes this Return Chollay prother mid wife

*Address,* No 13 Carlton st

*Remarks,*

[illegible] Ann be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 70102

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPT. MAR 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 11th 1884
4. *Place of Birth, (Street and Number)* N. E. corner of Bolton & Wilson Sts
5. *Full Name of Mother* Laura Dennead Shipley
6. *Mother's Maiden Name* Laura Dennead Cordee
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Revd E. E. Shipley
9. *Father's Occupation* Minister of the Gospel
10. *Father's Birthplace* Harford County

*Name of Medical Attendant,* or other Person who makes this Return. H. P. C. Holdsworth

*Address*

*Remarks* 146 Park Avenue

7803

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, March the 11 1884.
4. Place of Birth, (Street and Number) Union Ave. N° 2.
5. Full Name of Mother, Nadie Whitehorst
6. Mother's Maiden Name, Nadie Wetzel
7. Mother's Birthplace, Balt° City
8. Full Name of Father, William Whitehorst
9. Father's Occupation, Captain of the Sea
10. Father's Birthplace, Balt° City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. N° 26

Remarks, .....

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N B. FIET & CO., CITY PRINTERS AND STATIONERS.

70104

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, March the 11th
4. Place of Birth, (Street and Number) Baltimore light St No 511
5. Full Name of Mother, Haddie redish
6. Mother's Maiden Name, Clift
7. Mother's Birthplace, Baltimore
8. Full Name of Father, gorge redish
9. Father's Occupation, labour
10. Father's Birthplace, arundle Co Md

Name of Medical Attendant, or other Person who makes this Return Elisabeth Hathorn

Address, William St No 394

Remarks,

[illegible] Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

E. PIET & CO., CITY PRINTERS AND STATIONERS.

7005

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 rd Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 11 th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 40 Little Church st |
| 5. *Full Name of Mother,* | Ida Appler |
| 6. *Mother's Maiden Name,* | Mc. Kear |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Henry Appler |
| 9. *Father's Occupation,* | America |
| 10. *Father's Birthplace,* | Laborer |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwaner midwife |
| *Address,* | 330 Hanover st |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN E. FELT & CO., CITY PRINTERS AND STATIONERS.

70106

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE, MD.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 d |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 11. 1884 |
| 4. *Place of Birth, (Street and Number)* | Hull St |
| 5. *Full Name of Mother,* | Kate Kelley |
| 6. *Mother's Maiden Name,* | Kate Yarse |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | James Kelley |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Maggie Ettel |
| *Address,* | No 13 Cuba St Locust Point |
| *Remarks,* | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70107

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th March
4. *Place of Birth, (Street and Number)* 172 Madison Alley
5. *Full Name of Mother,* Mary Ropka
6. *Mother's Maiden Name,* Mary Uln
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Ropka
9. *Father's Occupation,* House Carpenter
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs E. Fray

*Address,* No 193 Chester St

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

10108

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 13 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) German

3. Date of Birth, March 11th - 84

4. Place of Birth, (Street and Number) Maternite Hospital

5. Full Name of Mother, Matilda Kwoutz

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return R. J. Smith

Address, Maternite Hospital

Remarks, Illegitimate

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Ordinance of United States in the City of Baltimore.*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70109

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 8 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* march 4
4. *Place of Birth (Street and Number)* 111 marie alley
5. *Full Name of Mother* un married
6. *Mother's Maiden Name* Mary Liza Ray
7. *Mother's Birthplace* Born Calvert County
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant, or other Person who makes this Return.* Jarad Duvall

*Address* No 9 Jasper Street

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70110

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. ~~Race or Color, (if not of the~~ white race)
3. Date of Birth, Mch 12 - 1884
4. Place of Birth, (Street and Number) 161 Townsend
5. Full Name of Mother, Ida R. Noakes
6. Mother's Maiden Name, Ida Rhodes
7. Mother's Birthplace,
8. Full Name of Father, Thomas A Noakes
9. Father's Occupation, Asst. Trimmer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Henry Chandlee M.D.

Address, 181 Linden ave

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by its practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

**Correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

10111

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (~~if not of the white race~~)*
3. *Date of Birth* March 12 - 1884
4. *Place of Birth (Street and Number)* 193 Ford Ave
5. *Full Name of Mother* Wilhelmina Mayer
6. *Mother's Maiden Name* " Sardonski
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Mayer
9. *Father's Occupation* Brewer
10. *Father's Birthplace* Germany

*Name of Medical Attendant, or other Person who makes this Return.* C. C. McDowell M.D.

*Address* 62 2 W. Fayette St

*Remarks* (Lived 2 minutes - drew one breath)s

7012

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 14 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Mar 12th 1884 |
| 4. *Place of Birth, (Street and Number)* | 73 Winchester St. |
| 5. *Full Name of Mother,* | Mary Cutino |
| 6. *Mother's Maiden Name,* | Harrison |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | G. J. Cutino |
| 9. *Father's Occupation,* | Butter Dealer |
| 10. *Father's Birthplace,* | Italy |
| *Name of Medical Attendant,* or other Person who makes this Return | J. H. CHRISTIAN, M. D. 431 Front Av. Cor. Wilkens |
| *Address,* | |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7011 B

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)* 1st

1. *Sex (state whether Male ~~or Female~~)* Male
2. *Race ~~or Color (if not of~~ the white race)* White
3. *Date of Birth* March 12th 1884
4. *Place of Birth (Street and Number)* No 163 E. Lombard st
5. *Full Name of Mother* Elizabeth A. Ward,
6. *Mother's Maiden Name* Gilbert
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Henry H. Ward,
9. *Father's Occupation* Box Maker,
10. *Father's Birthplace* Maryland.

*Name of Medical Attendant, or other Person who makes this Return.* J. Ridgway, Jno. M.D.

*Address* No 121 E. Pratt st

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70114

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colard
3. *Date of Birth,* March 12th 1884
4. *Place of Birth, (Street and Number)* 116 Hill St Balto Md.
5. *Full Name of Mother,* Martha Tilghman
6. *Mother's Maiden Name,* " Lee,
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Benjamin Alfred Tilghman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City Md.

*Name of Medical Attendant,* or other Person who makes this Return Milly Gross

*Address,* No 12 Plum alley

*Remarks,*

B. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, No 1115

## *To the Office of Registrar of Vital Statistics, Board of Health.*

### *BALTIMORE CITY.*

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Wednesday March 12th 1884
4. *Place of Birth, (Street and Number)* 37 Baudalore Street
5. *Full Name of Mother* Sophia Robinson
6. *Mother's Maiden Name* Sophia Holt
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph L. Robinson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Hanoverstown Pa

*Name of Medical Attendant,* or other Person who makes this Return. Jno C Dodd

*Address* 37 Baudalore Street City

*Remarks*

70116

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 12
4. *Place of Birth (Street and Number)* Baltimore Ridgley st. No 137
5. *Full Name of Mother* Josephine Hickman
6. *Mother's Maiden Name* Josephine Carroll
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Hickman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* Mrs. M. Shaffer

*Address* 114 Ridgley st

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7011 7

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* German
3. *Date of Birth,* March 13th 1884
4. *Place of Birth, (Street and Number)* 192 S. Chas St
5. *Full Name of Mother,* Maggie Lauterbach
6. *Mother's Maiden Name,* Koerber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Lauterbach
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* German

*Name of Medical Attendant,* or other Person who makes this Return Chas. D. Smith, M.D.

*Address,* 158 Hanover St.

*Remarks,*

C. DULANY & CO., CITY PRINTERS AND STATIONERS

70118

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 16 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, ~~Last~~ March 13th "

4. Place of Birth, (Street and Number) No 125 West st

5. Full Name of Mother, Celestine Gallion

6. Mother's Maiden Name, " Mackelway

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Gallion

9. Father's Occupation, Cabinetmaker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Sophia Ingerson

Address, No 10 Granby st

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70119

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March the 13, 1884
4. Place of Birth, (Street and Number) E. Monument St, no number
5. Full Name of Mother, Amalia Ott
6. Mother's Maiden Name, Amalia Knopp
7. Mother's Birthplace, Balto City
8. Full Name of Father, Konrad Ott
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

SECTION 5.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70120

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (~~state whether Male or~~ Female)*
2. *Race ~~or Color (if not of the~~ white race)*
3. *Date of Birth* March 13th 1884
4. *Place of Birth (Street and Number)* No 73. S. Bond St.
5. *Full Name of Mother* Elizabeth Jane Gray.
6. *Mother's Maiden Name* " " Sapp.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Walter L Gray.
9. *Father's Occupation* Captain of a Sea Schooner
10. *Father's Birthplace* Baltimore. Md

*Name of Medical Attendant, or other Person who makes this Return.* J. Ridgway Andre M.D.

*Address* No. 121 S Balto St

*Remarks*

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***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

70121

HEALTH DEPARTMENT MAR 1 1884 BALTIMORE

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 13 of March 1884 |
| 4. *Place of Birth, (Street and Number)* | No 344 Aisquith Street |
| 5. *Full Name of Mother,* | Cath Catharina Weise |
| 6. *Mother's Maiden Name,* | Cath Catharina Bartholomae |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Wm. E. Weise |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace.* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Lauer |
| *Address,* | 173 Harford Ave Store Cor |
| *Remarks,* | Baltimore Md. |
| | 1884 |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Ordinances of the City of Baltimore.*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

70112

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Brown Complexion
3. *Date of Birth,* March 10th 1884
4. *Place of Birth, (Street and Number)* 4 Bethel Ct
5. *Full Name of Mother,* Sarah Dilles
6. *Mother's Maiden Name,* " Hedgeman
7. *Mother's Birthplace,* Alexandria Va
8. *Full Name of Father,* Edward Dilles
9. *Father's Occupation,*
10. *Father's Birthplace,* Balto, Co., Md

*Name of Medical Attendant,* or other Person who makes this Return Amelia Johnson

*Address,* 6 Hamilton St

*Remarks,*

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# RETURN OF A BIRTH

70126

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 10 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* March 11. 1884
4. *Place of Birth, (Street and Number)* 27 Mason St.
5. *Full Name of Mother,* Martha Queen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

*Name of Medical Attendant,* or other Person who makes this Return H. M. Wilson M.D.

*Address,* 257 Madison Ave

*Remarks,* The child is illegitimate & the name of father is not disclosed

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

70124

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Gebur

1. Sex (state whether Male or Female) Bub
2. Race or Color (if not of the white race) Weiß
3. Date of Birth Den 12 Mart
4. Place of Birth (Street and Number) S. Bond St No 328
5. Full Name of Mother Louisa Jul Kelber
6. Mother's Maiden Name Louisa Jul
7. Mother's Birthplace Baltimore M.D.
8. Full Name of Father Jan Jul
9. Father's Occupation Taglener
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hebamme

Address Terezie Merol S.W. Kone Karoline und Lumbert

Remarks Baltimore Den 18/5 1884

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

70125

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 18 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the first Child |
| 1. *Sex, (state whether male or female)* | male Child |
| 2. *Race or Color, (if not of the white race)* | Ch color race |
| 3. *Date of Birth,* | Date 13 |
| 4. *Place of Birth, (Street and Number)* | No 5 donkey alley |
| 5. *Full Name of Mother,* | Emma Jansom |
| 6. *Mother's Maiden Name,* | Emma Smith |
| 7. *Mother's Birthplace,* | Northumberland |
| 8. *Full Name of Father,* | full mrapertyans on County |
| 9. *Father's Occupation,* | Lafar Virginia |
| 10. *Father's Birthplace.* | new York |
| *Name of Medical Attendant,* or other Person who makes this Return | Susan Morgan |
| *Address,* | 41 Durham Street |
| *Remarks,* | Nort |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7012 6

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 13th of March 1884 |
| 4. *Place of Birth, (Street and Number)* | No 12 Dover Street |
| 5. *Full Name of Mother,* | Bridget Connolly |
| 6. *Mother's Maiden Name,* | Bridget Larkinsson |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Andrew H. Connolly |
| 9. *Father's Occupation,* | Stonecutter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Lauer |
| *Address,* | 173 Hanford Ave Hampden |
| *Remarks,* | Baltimore Md. 1884 |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Blanks to be returned to Vital Statistics in the City of Baltimore.*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7012

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) | 3 Child |
| 1. *Sex,* (*state whether male or female*) | White Female |
| 2. *Race or Color,* (*if not of the white race*) | White |
| 3. *Date of Birth,* | The 13 of March 1884 |
| 4. *Place of Birth,* (*Street and Number*) | No 4 Mc Elderry Street |
| 5. *Full Name of Mother,* | Annie Cox |
| 6. *Mother's Maiden Name,* | Annie Moran |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Luke Cox |
| 9. *Father's Occupation,* | Express |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Miss Christina Lauer |
| *Address,* | 173 Hanford Ave Near Aliceana |
| *Remarks,* | Baltimore Md |
| | 10 54 |

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

W. J. C. SULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH.

70128

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | fourth |
| *1. Sex (state whether Male or Female)* | male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 13th 1884 |
| *4. Place of Birth (Street and Number)* | 149 Clement St. |
| *5. Full Name of Mother* | Margaret Catharine |
| *6. Mother's Maiden Name* | Jones |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Robert W. Harrison |
| *9. Father's Occupation* | Pattern Maker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Prof. Smith M.D. |
| *Address* | 287 S. Charles St. |
| *Remarks* | Natural Labor |

***That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children***

***vert Record of Vital Statistics in the City of Baltimore.***

701 29

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 13th March |
| 4. *Place of Birth, (Street and Number)* | No 3. Lancaster St |
| 5. *Full Name of Mother,* | Luse Deidman |
| 6. *Mother's Maiden Name,* | Luse Nuttman |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Tom Deidman |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | F. Kaufman |
| *Address,* | No 202 S. Dallas St |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

10130

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1894 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | March 13th |
| 4. *Place of Birth, (Street and Number)* | No 1 Chaptank St |
| 5. *Full Name of Mother,* | Mary Neuman |
| 6. *Mother's Maiden Name,* | Mary Link |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Charles Neuman |
| 9. *Father's Occupation,* | Musician |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | H. Kaufman |
| *Address,* | No 909 S. Dallas St |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70131

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th. Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, 1st March. 1884
4. Place of Birth, (Street and Number) No 30 Dover St ~~near Hanover~~
5. Full Name of Mother. Christiana Elizabeth Jeffers
6. Mother's Maiden Name, Christiana Elizabeth Keidner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James H. Jeffers
9. Father's Occupation, Paper Hanger.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return E Dumas

Address, No 827 Lombard St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN E. PIET & CO., CITY PRINTERS AND STATIONERS.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true record register of such birth, and shall enter, or cause to be entered, in the same a like statement of the particulars required by the 5th section of this ordinance to be returned to the Register of the Health. This record shall contain a blank schedule to be filled up with the full name and residence of the parents, the date and place of birth, and shall be numbered, dated and signed by the practitioner in the manner and form of a schedule hereinafter to be furnished by the Board of Health. In case of a birth in the absence of any person practicing midwifery, the duty of making the entry required by this section shall devolve upon the attendant, or if there be no attendant, upon the parent or parents of such child. In case the birth shall occur in the absence of a practitioner of midwifery, and without the attendance of any person, except the parent or parents of such child, it shall be the duty of the parent or parents, or person having charge of such child, to report the particulars required by this section to the Board of Health, in the form of a schedule hereinafter to be furnished by the Board of Health. In case the birth of any child

# CORRECTION

**The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.**

70132

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 12 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Marg 9th/1884
4. Place of Birth, (Street and Number) No 23 Carlton av
5. Full Name of Mother, Adilia Chilinzky
6. Mother's Maiden Name, A Zupul
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Chilinzky
9. Father's Occupation, upholster
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return E Dumax

Address, No 827 Lombard St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PITT & CO., CITY PRINTERS AND STATIONERS.

70133

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Marg 11 / 1884
4. *Place of Birth, (Street and Number)* No 706 Lombard St
5. *Full Name of Mother,* Maria Nelk
6. *Mother's Maiden Name,* M Nelk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Morres
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltim

*Name of Medical Attendant,* or other Person who makes this Return Maria Nelk

*Address,* No 706 Lombard St

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

701 34

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 12 th 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Stricker st No. 57 |
| 5. *Full Name of Mother,* | Kate Berlin |
| 6. *Mother's Maiden Name,* | " Dyer |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Samuel Berlin |
| 9. *Father's Occupation,* | Painter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. C. Mitchell |
| *Address,* | No 58 Parker st |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

70135

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR 18 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother;* (*state whether* 1st, 2d, 3d, &c.) | 6th |
| 1. *Sex,* (*state whether male or female*) | Female |
| 2. *Race or Color,* (*if not of the white race*) | White |
| 3. *Date of Birth,* | March 13th 1884 |
| 4. *Place of Birth,* (*Street and Number*) | Baltimore Boyd. St. No. 21 |
| 5. *Full Name of Mother,* | Sarah Cassidy |
| 6. *Mother's Maiden Name,* | " Corbett |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | James Cassidy |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. C. Mitchell |
| *Address,* | No. 58 Parkin st. |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 7 of 36

HEALTH DEPARTMENT MAR 8 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 the

1. *Sex (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Wiithe
3. *Date of Birth* 14 Marty
4. *Place of Birth, (Street and Number)* 22 Seekwer Street
5. *Full Name of Mother* Agnes Weber
6. *Mother's Maiden Name* Müller
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Karel Müller
9. *Father's Occupation* — — — — —
10. *Father's Birthplace* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return. Marie Güthner

*Address* S. Wolfe Street 245.

*Remarks*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

70137

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 14 |
| *4. Place of Birth (Street and Number)* | Baltimore Wyeth st No 5 3 |
| *5. Full Name of Mother* | Caroline Reinhart |
| *6. Mother's Maiden Name* | Caroline Peters |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Henry Reinhart |
| *9. Father's Occupation* | Cigarmaker |
| *10. Father's Birthplace* | Baltimore City Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs M. Shaffer |
| *Address* | 114 Ridgely st |
| *Remarks* | |

70138

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14. 1884.
4. Place of Birth, (Street and Number) No 134 Hanover st.
5. Full Name of Mother, Lizzie Seed
6. Mother's Maiden Name, Lizzie Hope
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Seed
9. Father's Occupation, Glassblower
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Horning

Address, No 18 Byrd st.

Remarks,

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70139

GIVEN NAME ADDED 6/6/57 - SMN

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 16 1884 BALTIMORE

EDITH DUER

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14th 1884
4. *Place of Birth, (Street and Number)* No 228 N Calvert St.
5. *Full Name of Mother,* Genevieve Duer
6. *Mother's Maiden Name,* Blodgett
7. *Mother's Birthplace,* Boston
8. *Full Name of Father,* Douglas H Duer
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Riggin Buckler MD

*Address,* 135 N Charles St.

*Remarks,*

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

70140

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 26
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 14 th 1884
4. *Place of Birth, (Street and Number)* No 21 Paulding st
5. *Full Name of Mother,* Mary Keifer
6. *Mother's Maiden Name,* Koerning
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Gottlieb Keifer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return J. Schweitzer midwife

*Address,* 330 Hanover st

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN S. PIET & CO., CITY PRINTERS AND STATIONERS.

70141

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14th 1884.
4. *Place of Birth, (Street and Number)* 10 Argyle Ave.
5. *Full Name of Mother,* Neomi E. Chenoweth
6. *Mother's Maiden Name,* Paxton
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Wm E. Chenoweth
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Balto City Md.

*Name of Medical Attendant,* or other Person who makes this Return J. H. CHRISTIAN, M. D. 431 Penn. Av. Cor. Wheeler

*Address,*

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70142

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14 1884
4. *Place of Birth, (Street and Number)* 102 Lindvale
5. *Full Name of Mother,* Emma E Nicholas
6. *Mother's Maiden Name,* " Danels
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Ed Nicholas
9. *Father's Occupation,* Banker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return — City — C B Gamble M D

*Address,* 59 Cathedral

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

70148

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR
16
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15th
4. *Place of Birth, (Street and Number)* 1st " 2 & Lombard st
5. *Full Name of Mother,* Anna Wachsmuth
6. *Mother's Maiden Name,* " Feil
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Wachsmuth
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return

*Address,*

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

7014 4.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex, (state whether male ~~or female~~)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March the 15 1884

4. *Place of Birth, (Street and Number)* Canton Av. No 273.

5. *Full Name of Mother,* Amalia Krüssner

6. *Mother's Maiden Name,* Amalia Schlatzer

7. *Mother's Birthplace,* Balt^o City

8. *Full Name of Father,* Karl A. Krüssner

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Eylau, N. Preussen, Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Miller

*Address,* N. Dallas St. No 26

*Remarks,*

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 15. 1884
4. *Place of Birth, (Street and Number)* E. Fayette St. No 170
5. *Full Name of Mother,* Amalia Bock
6. *Mother's Maiden Name,* Amalia Bauer
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Georg Bock
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Liegnitz, N. Bayern, Germany

*Name of Medical Attendant, or other Person who makes this Return* Mary E. Miller

*Address,* N. Dallas St. No 26

*Remarks,*

HEALTH DEPARTMENT MAR 15 1884 BALTIMORE.

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Form 6

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* female ~~Color~~
2. *Race or Color, (if not of the white race)* colar
3. *Date of Birth,* march the 1
4. *Place of Birth, (Street and Number)* county St no 88
5. *Full Name of Mother,* cathrin grun
6. *Mother's Maiden Name,* grun
7. *Mother's Birthplace,* St mary county
8. *Full Name of Father,* johngrun
9. *Father's Occupation,* Single
10. *Father's Birthplace,* saint mary Co

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Hanard St 368

*Remarks,*

---

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70147

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, March the 2
4. Place of Birth, (Street and Number) Lexington St 182
5. Full Name of Mother, Mary McGunder
6. Mother's Maiden Name, Grady
7. Mother's Birthplace, cal Fort Co
8. Full Name of Father, Jacat McGunder
9. Father's Occupation, Waiter
10. Father's Birthplace, Calvert Co

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Howard St 368

Remarks,

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

70148

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child # 2 Mother # 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wite
3. Date of Birth, 2th March
4. Place of Birth, (Street and Number) # 189 Raborg St
5. Full Name of Mother, Sophia L. Rolf
6. Mother's Maiden Name, " " " Schey St
7. Mother's Birthplace, # 189 Raborg St
8. Full Name of Father, Chas. H. Rolf
9. Father's Occupation, Plumber & Gas fitter
10. Father's Birthplace, Orchard St

Name of Medical Attendant, or other Person who makes this Return Mrs Dumbler

Address, 60 Toth Schroeder Strt.

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70149

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March the 4
4. *Place of Birth, (Street and Number)* warner st 194
5. *Full Name of Mother,* Sarah Sewel
6. *Mother's Maiden Name,* thomas
7. *Mother's Birthplace,* calvert Co
8. *Full Name of Father,* benjamin sewel
9. *Father's Occupation,* grain measur
10. *Father's Birthplace,* calvert Co

*Name of Medical Attendant,* or other Person who makes this Return A wilson

*Address,* Howard st 368

*Remarks,*

...Y PRINTERS AND STATIONERS.

...within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# NOTICE

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Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d,

1. Sex, (state whether male or female) female,
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th day of March
4. Place of Birth, (Street and Number) 92 Amity Street
5. Full Name of Mother, Mrs Anna Ruettinger
6. Mother's Maiden Name, Miss Anna Kirchner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Mikel, K. Ruettinger
9. Father's Occupation, Tailor
10. Father's Birthplace, Bevaria, Germany.

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Dumler.

Remarks, 60 North Schroeder St.

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

7151

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March the 6
4. *Place of Birth, (Street and Number)* Harvard St no 80
5. *Full Name of Mother,* Mary E Walker
6. *Mother's Maiden Name,* Holmes
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Andrew Walker
9. *Father's Occupation,* Servile
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Harvard St 368

*Remarks,*

---

***Extract Regulations of the Board of Health of Baltimore.***

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR 19 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* ~~Color~~ white
3. *Date of Birth,* March the 10
4. *Place of Birth, (Street and Number)* west St no 84
5. *Full Name of Mother,* Julyaette
6. *Mother's Maiden Name,* fitzpatrie
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Johnoeibe
9. *Father's Occupation,* seaman
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Harvard St 308

*Remarks,*

***Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70158

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* February 14th
4. *Place of Birth, (Street and Number)* 76. Boydstreet
5. *Full Name of Mother,* Sarah Myers
6. *Mother's Maiden Name,* " Wolf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Alex Myers
9. *Father's Occupation,* Workman
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Dumler

*Address,* 60 North - Schroeder St.

*Remarks,*

*Extract Regulations of the Board of Health of Baltimore.*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

25-1884

70154

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health.

## BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth March 15th 1884

4. Place of Birth (Street and Number) 193 East Monument St

5. Full Name of Mother Josephine Plummer

6. Mother's Maiden Name " Holland.

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father George W Plummer

9. Father's Occupation Telegraph Operator

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Irving Miller MD

Address 179 East Monument Street,

Remarks

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# NOTICE

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Every effort was made to assure legibility and completeness.

70155

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 16 1924 |
| 4. *Place of Birth, (Street and Number)* | 141 Dolphin st |
| 5. *Full Name of Mother,* | Betty Smith |
| 6. *Mother's Maiden Name,* | Betty Dixon |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | James Dixon |
| 9. *Father's Occupation,* | Conductor |
| 10. *Father's Birthplace,* | Fredrick County |
| *Name of Medical Attendant,* or other Person who makes this Return | Miss Ann Nash |
| *Address,* | |
| *Remarks,* | |

HEALTH DEPARTMENT MAR 17 1924 BALTIMORE

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70156

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 16th 1884
4. *Place of Birth, (Street and Number)* N. Fremont St. No 478
5. *Full Name of Mother,* Christiana E Harver
6. *Mother's Maiden Name,* Christiana C Speis
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* Wm Harver
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return D G Sparrow MD

*Address,* 427 W. Stricker St

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

7057

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 19 1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | Color |
| 3. *Date of Birth,* | Howard St 184 |
| 4. *Place of Birth, (Street and Number)* | 14 of febuary |
| 5. *Full Name of Mother,* | Mary E Cork |
| 6. *Mother's Maiden Name,* | White |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Lewy cork |
| 9. *Father's Occupation,* | Sailor |
| 10. *Father's Birthplace,* | kent Co |
| *Name of Medical Attendant,* or other Person who makes this Return | A. Wilson |
| *Address,* | Howard St 368 |
| *Remarks,* | |

*Extract from Regulations of the Board of Health of the City of Baltimore.*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70158

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 12th
4. Place of Birth (Street and Number) No 49 E Fayette st
5. Full Name of Mother Rachel Freundlich
6. Mother's Maiden Name Cohen
7. Mother's Birthplace Baltimore
8. Full Name of Father Oscar Freundlich
9. Father's Occupation Merchant
10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. L O Wintermitz M D.

Address 12 S. Eden st

Remarks

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

70159

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)* Second child

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 16th 1884
4. *Place of Birth, (Street and Number)* 545 Penna Ave.
5. *Full Name of Mother,* Sarah Francis Holland.
6. *Mother's Maiden Name,* Sarah P. Eum.
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Henry Holland
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Franklintown Balto Co Md

*Name of Medical Attendant,* or other Person who makes this Return William E. Wiegand M.D.

*Address,* #272 Madison Ave

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIPT & CO., CITY PRINTERS AND STATIONERS.

7016

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 18 1891 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | F. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 17. 1891. |
| 4. *Place of Birth, (Street and Number)* | 233 N. Carey st. |
| 5. *Full Name of Mother,* | Eliza M. Brockenbrough, |
| 6. *Mother's Maiden Name,* | Baylor. |
| 7. *Mother's Birthplace,* | Virginia, |
| 8. *Full Name of Father,* | Jno. L. Brockenbrough, |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Virginia. |
| *Name of Medical Attendant,* or other Person who makes this Return | J. L. Ryle M.D. |
| *Address,* | 217 Lawrence st |
| *Remarks,* | |

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

70161

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 17 1884 BALTIMORE

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | 17 March, 1884. |
| 4. *Place of Birth* (Street and Number) | 206 N. Calhoun street. |
| 5. *Full Name of Mother* | Clara V. Herting |
| 6. *Mother's Maiden Name* | Clara V. Brown |
| 7. *Mother's Birthplace* | Wilmington, Del. |
| 8. *Full Name of Father* | Frederick G. Herting. |
| 9. *Father's Occupation* | Locksmith & Bell Hanger |
| 10. *Father's Birthplace* | Baltimore Co., Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | E. A. Holbrook, M. D. |
| *Address* | 185 N. Carey st. |
| *Remarks* | |

7062

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 18 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18th 1884
4. *Place of Birth, (Street and Number)* Baltimore Parkin st. No. 58
5. *Full Name of Mother,* Ameila Joyce
6. *Mother's Maiden Name,* " De Groff.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James A. A. Joyce
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. C. Mitchell

*Address,* No. 58 Parkin st.

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FEET & CO., CITY PRINTERS AND STATIONERS.

70163

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 19th
4. *Place of Birth, (Street and Number)* 72 Paca St.
5. *Full Name of Mother,* Rachel Whitehill
6. *Mother's Maiden Name,* Rachel Mandelbaum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Israel Whitehill
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Felix Jenkins

*Address,* No. 2 Cathedral St.

*Remarks,*

*Extract Regulations of the Board of Health of the Mayor and Council of Baltimore.*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

70164

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Mar 19th |
| 4. *Place of Birth, (Street and Number)* | 173 N Paca St |
| 5. *Full Name of Mother,* | Mary E Byrne |
| 6. *Mother's Maiden Name,* | Mary E Myers |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Robt Peter Byrne |
| 9. *Father's Occupation,* | Cigar Maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Felix Jenkins |
| *Address,* | No. 2 Cathedral St. |
| *Remarks,* | |

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7065

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Febuary 4th 19 - 1884

4. Place of Birth, (Street and Number) No 6 South Bruce st Baltimore

5. Full Name of Mother, Mary. Elizabeth. Bensel.

6. Mother's Maiden Name, Mary. Elizabeth Kapp

7. Mother's Birthplace, Germany Lane Baltimore

8. Full Name of Father, William Bensel.

9. Father's Occupation, Carpenter.

10. Father's Birthplace, No 500 Lexington street.

Name of Medical Attendant, or other Person who makes this Return Mrs Limpler.

Address, [redacted]

Remarks, 90 North Schroeder St.

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70166

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 23rd
4. *Place of Birth, (Street and Number)* 451 Pennsylvania Av.
5. *Full Name of Mother,* Mrs. Ida S. Bricker
6. *Mother's Maiden Name,* " " Warner
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John W. Bricker
9. *Father's Occupation,* Carpenter (B. & O. R.R.)
10. *Father's Birthplace,* Pa.

*Name of Medical Attendant,* or other Person who makes this Return H. F. Hill

*Address,* 23 Edmondson Av.

*Remarks,* Would have reported sooner but Mrs B. had a severe attack of septicemia & anxiety caused [illegible] me to [illegible] 451

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

70167

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 21 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the 2 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Feb. the 1 |
| 4. *Place of Birth, (Street and Number)* | Green court 5 |
| 5. *Full Name of Mother,* | Mary Stampf |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | — |
| 9. *Father's Occupation,* | — |
| 10. *Father's Birthplace,* | — |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Auguste Bosson |
| *Remarks,* | Hanover 4 a 39 |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70168

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 21 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Thes

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb. 4th
4. *Place of Birth, (Street and Number)* West st 244
5. *Full Name of Mother,* Rose Kehline
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Augusta Bopien

*Remarks,* Renover Nr. 239

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 7069

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR 5 1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 11" Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | February 6" 1884 |
| *4. Place of Birth (Street and Number)* | 7 Winans Row |
| *5. Full Name of Mother* | Sarah Wissey |
| *6. Mother's Maiden Name* | " |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | George Wissey |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Harriet Rhodes |
| *Address* | 5 Winans Row |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a faithful and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70170

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth (5.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 9 - 84 was forgeith x
4. *Place of Birth, (Street and Number)* No 236. N. Durham Str. x to send to office
5. *Full Name of Mother,* Franziska Zelenka
6. *Mother's Maiden Name,* " Cibulka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Wintzenc Zelenka
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Josephina Konrad

*Address,* No 20. Barnes Str.

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70171

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 22 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 8th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 9th of February
4. *Place of Birth, (Street and Number)* 74 Mt Elderry st.
5. *Full Name of Mother,* Mrs. Laney Barranger
6. *Mother's Maiden Name,* Laney Yockel
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Louis L. Barranger
9. *Father's Occupation,* Horse Dealer
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return Isabella Oliver.

*Address,* 183. N Eden St.

*Remarks,*

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70172

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1894 BALTIMORE

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male ~~female~~ (Wallace R. Busick) |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | Feb 9th 1894 |
| 4. *Place of Birth, (Street and Number)* | N Eden St. |
| 5. *Full Name of Mother,* | Mary A Busick |
| 6. *Mother's Maiden Name,* | Penyon |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | O. B. Busick |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return | W. B. Billingslea |
| *Address,* | 926 E Pratt St |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70173

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) | 1st |
| 1. *Sex*, (*state whether male or female*) | female |
| 2. *Race or Color*, (*if not of the white race*) | white |
| 3. *Date of Birth*, | Feb 12th 1894 |
| 4. *Place of Birth*, (*Street and Number*) | 197 Government Ave |
| 5. *Full Name of Mother*, | Emma Keely |
| 6. *Mother's Maiden Name*, | Day |
| 7. *Mother's Birthplace*, | Bay Harford Co Md |
| 8. *Full Name of Father*, | James Keely |
| 9. *Father's Occupation*, | Liquors |
| 10. *Father's Birthplace*, | Harford Co Md |
| *Name of Medical Attendant*, or other Person who makes this Return | M. B. Billingslea |
| *Address*, | 256 E. Pratt St |
| *Remarks*, | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Correct Record of Vital Statistics in the City of Baltimore.*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 70174

**To the Office of Registrar of Vital Statistics, Board of Health,**
**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 23 1884 BALTIMORE

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 11 84.
4. *Place of Birth, (Street and Number)* 72 Barclay St Balt Co.
5. *Full Name of Mother.* F. E. Moffett
6. *Mother's Maiden Name.* F E Rogers.
7. *Mother's Birthplace,* City Balt
8. *Full Name of Father,* Thos. Moffett
9. *Father's Occupation,* Grocer
10. *Father's Birthplace.* City Balt.

*Name of Medical Attendant,* or other Person who makes this Return J. B. Robinson M.D.

*Address,* Whitemount ave.

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70175

HEALTH DEPARTMENT MAR 23 1884 BALTIMORE

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb. 14 84
4. *Place of Birth, (Street and Number)* Willow No. 1.
5. *Full Name of Mother,* Lizzie Redman
6. *Mother's Maiden Name,* " Callahan
7. *Mother's Birthplace,* City Balt.
8. *Full Name of Father,* C. McRedman
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* City Balt.

*Name of Medical Attendant,* or other Person who makes this Return J. H. Robinson M.D.

*Address,* 25 Tremont Av.

*Remarks,*

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70176

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 23 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb. 19 84

4. *Place of Birth, (Street and Number)* 13 Valley St.

5. *Full Name of Mother,* P. Murphy

6. *Mother's Maiden Name,* P. Oliver

7. *Mother's Birthplace,* City Balt.

8. *Full Name of Father,* J. D. Murphy

9. *Father's Occupation,* Stone Cutter

10. *Father's Birthplace,* City Balt

*Name of Medical Attendant,* or other Person who makes this Return J. H. Perkins M. D.

*Address,* 75 N Greene Ave

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70177

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Fourth |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | — |
| 3. Date of Birth | Feb. 20 – 84 |
| 4. Place of Birth (Street and Number) | 69 St. Peter St. |
| 5. Full Name of Mother | Mollie Franklin |
| 6. Mother's Maiden Name | Mollie Button |
| 7. Mother's Birthplace | Maryland |
| 8. Full Name of Father | Wm Franklin |
| 9. Father's Occupation | Cigar Maker |
| 10. Father's Birthplace | Maryland |
| Name of Medical Attendant, or other Person who makes this Return. | J. Tyler Smith M.D. |
| Address | 167 Barre St. |
| Remarks | Natural Labor |

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 70178

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 15 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | February 20th. |
| 4. *Place of Birth, (Street and Number)* | York Street 144. |
| 5. *Full Name of Mother,* | Sophia Crowner |
| 6. *Mother's Maiden Name,* | Sophia Anderson |
| 7. *Mother's Birthplace,* | West of Maryland |
| 8. *Full Name of Father,* | John Crowner |
| 9. *Father's Occupation,* | Oyster shucker |
| 10. *Father's Birthplace,* | Kent Island eastern shore maryland |
| *Name of Medical Attendant,* or other Person who makes this Return | Annie Johnson |
| *Address,* | 103 Plum alley E |
| *Remarks,* | |

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70479

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, feb 22 nd
4. Place of Birth, (Street and Number) 324 east monument St
5. Full Name of Mother, Eliza Elen green
6. Mother's Maiden Name, Eliza Elen hainer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Green
9. Father's Occupation, moulder
10. Father's Birthplace, Stafford shear England

Name of Medical Attendant, or other Person who makes this Return Isabella Olivier

Address, 183 N. Eden st.

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70182

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1894 BALTIMORE

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* M. Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby 22, 94
4. *Place of Birth, (Street and Number)* Cor Madison & Hanford Ave.
5. *Full Name of Mother,* Lizzie Laura
6. *Mother's Maiden Name,* Hering
7. *Mother's Birthplace,* City Balt.
8. *Full Name of Father,* R. F. Laura
9. *Father's Occupation,* Store keeper
10. *Father's Birthplace,* W. Va.

*Name of Medical Attendant,* or other Person who makes this Return J. H. Robinson M. D.

*Address,* 1514 Fremont Ave.

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70181

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR 25 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st The first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White American
3. *Date of Birth,* Feb 23rd 1884
4. *Place of Birth, (Street and Number)* 270 Monument St Baltimore
5. *Full Name of Mother,* Mary E Deford
6. *Mother's Maiden Name,* Mary E Smith
7. *Mother's Birthplace,* Caroline County Md
8. *Full Name of Father,* William E Defold
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Green Haven Co Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs Oliver

*Address,* 183 Eden Street

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70182

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 23 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby 23 84
4. *Place of Birth, (Street and Number)* McKim and Madison St.
5. *Full Name of Mother,* Mary Garrett
6. *Mother's Maiden Name,* " McCall
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* W. T. Garrett.
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other Person who makes this Return J. H. Robinson M.D.

*Address,* Wh. Fremont Ave.

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

701 B3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* February 21st 1891

4. *Place of Birth, (Street and Number)* 116 N. Caroline St.

5. *Full Name of Mother,* Unknown

6. *Mother's Maiden Name,* Unknown

7. *Mother's Birthplace,* Unknown

8. *Full Name of Father,* Unknown

9. *Father's Occupation,* Unknown

10. *Father's Birthplace,* Unknown

*Name of Medical Attendant,* or other Person who makes this Return S. N. Schlosser M. D.

*Address,* S. E. Cor Eager & Caroline Sts.

*Remarks,*

HEALTH DEPARTMENT MAR 27 1891 BALTIMORE

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Col'd

3. *Date of Birth,* Feb 2nd 1884

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* [illegible]

10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* [illegible]

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70185

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th February
4. *Place of Birth (Street and Number)* Mount st 269
5. *Full Name of Mother* Jennie Hurley
6. *Mother's Maiden Name* " Purdy
7. *Mother's Birthplace* Md
8. *Full Name of Father* Lewis Hurley
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs C A Lewis

*Address* 162 Hanover st

*Remarks*

**Extract Regulations of the Board of Health of the Board of Vital Statistics in the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

70186

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* February 25: 84
4. *Place of Birth, (Street and Number)* 340 Saratoga St
5. *Full Name of Mother,* Amanda H. Morrow
6. *Mother's Maiden Name,* " Howser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Morrow
9. *Father's Occupation,* Reporter
10. *Father's Birthplace,* Gruncastle Pa

*Name of Medical Attendant,* or other Person who makes this Return P. C. Williams

*Address,* 201 Madison Ave

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70187

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~Male or Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 26th 1884
4. Place of Birth (Street and Number) 231 N Carey St
5. Full Name of Mother Martha P Sohl
6. Mother's Maiden Name Martha P Durham
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Henry S Sohl
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M Hammond MD

Address 64 N Paca St

Remarks Birth Natural.

**Extract Regulations of the Board of Vital Statistics in the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

70188

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 27th 1884
4. *Place of Birth, (Street and Number)* 242 Augusta St.
5. *Full Name of Mother,* Christiana Gladfelter
6. *Mother's Maiden Name,* Bergen
7. *Mother's Birthplace,* Balto Co. Md
8. *Full Name of Father,* Louis Gladfelter
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Hanover Pa

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Dora Hillegrist

*Address,* 182 E. Monument St.

*Remarks.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH (Out) 70189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE

Lawrason Levering Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 27: 84

4. Place of Birth, (Street and Number) 148 Lowndes st

5. Full Name of Mother, Lily Levering

6. Mother's Maiden Name, " Street

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lawrason Levering (LAWRASON)

9. Father's Occupation, Grain Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return D. L. Williams

Address, 201 Madison Ave

Remarks,

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

No. 1190

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, February 28th 1884
4. Place of Birth, (Street and Number) 1 Eighteenth near Lombard.
5. Full Name of Mother, Caroline Ulfelder
6. Mother's Maiden Name, " Thalheimer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Meyer Ulfelder
9. Father's Occupation, Sector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. C. Bernstein

Address, 11 E. Lombard st.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

7491

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 29th 1884

4. Place of Birth, (Street and Number) N. E. Cor Bond & Eager Sts

5. Full Name of Mother, Mary Baumgartner

6. Mother's Maiden Name, Dimpling

7. Mother's Birthplace, Balto City

8. Full Name of Father, John C. Baumgartner

9. Father's Occupation, Provision Dealer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return S. Wilcox M. D.

Address, S. E. Cor Eager & Caroline Sts

Remarks,

HEALTH DEPARTMENT MAR 27 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 29th 1884
4. *Place of Birth (Street and Number)* James Alley
5. *Full Name of Mother* Mary Baker
6. *Mother's Maiden Name* Mary Bowers
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* William Baker
9. *Father's Occupation* Driver of Wagon
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary R. Caskey

*Address* 134 Hamburg St.

*Remarks* Doing Well

**Part Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the [illegible] name of the mother of such child or children.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

7093

## To the Office of Registrar of Vital Statistics, Board of Health,

## BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
29
1884
BALTIMORE MD.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* March 1st 1884
4. *Place of Birth* (Street and Number) No 402 Pine Street
5. *Full Name of Mother* Mary E. Grandison
6. *Mother's Maiden Name* Mary E. Carter
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles H. Grandison
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant*, or other Person who makes this Return. Jane Baker

*Address* No 44. Aisquith Alley

*Remarks*

70194

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | March 1 1904 |
| 4. *Place of Birth, (Street and Number)* | 1328 E. Eden St. |
| 5. *Full Name of Mother,* | Martha Kendall |
| 6. *Mother's Maiden Name,* | Wells |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Casper Kendall |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louise Kraft |
| *Address,* | 232 Denton Ave |
| *Remarks,* | |

HEALTH DEPARTMENT MAR 31 1904 BALTIMORE

JOHN P. FEET & CO., CITY PRINTERS AND STATIONERS.

70195

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 1st 1884
4. *Place of Birth, (Street and Number)* 110 S Ann St
5. *Full Name of Mother,* Lottie Frampton
6. *Mother's Maiden Name,* " Bucher
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Chas Frampton
9. *Father's Occupation,* City
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Betz

*Address,* 120 Bank St

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

7096

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 5 1884 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d~~, &c.) 4

1. Sex, (~~state whether male~~ or female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, 1. March 18.84
4. Place of Birth, (Street and Number) 240 Park Ave
5. Full Name of Mother, Ann Krouse
6. Mother's Maiden Name, unknown
7. Mother's Birthplace, Germaney
8. Full Name of Father, Joseph Krouse
9. Father's Occupation, Butcher
10. Father's Birthplace, Gemaney

Name of Medical Attendant, or other Person who makes this Return: Mary P Fleming M. D.

Address,

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70197

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 10 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | March 1. 1884 |
| 4. *Place of Birth, (Street and Number)* | 13 Peach Alley |
| 5. *Full Name of Mother,* | Kate Washington |
| 6. *Mother's Maiden Name,* | " |
| 7. *Mother's Birthplace,* | Annapolis Md |
| 8. *Full Name of Father,* | William Washington |
| 9. *Father's Occupation,* | Oyster Shucker |
| 10. *Father's Birthplace* | Annapolis Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Caroline Moore |
| *Address,* | 72 Seldener St |
| *Remarks,* | |

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70198

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | March 2/04 |
| 4. *Place of Birth, (Street and Number)* | 609 Forest St |
| 5. *Full Name of Mother,* | Louise Hawkins |
| 6. *Mother's Maiden Name,* | Clark |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Joseph Hawkins |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louise Kraft |
| *Address,* | 236 Canton Ave |
| *Remarks,* | |

BOARD OF HEALTH MAR 31 1904 BALTIMORE

JOHN P. PIET & ONL, CITY PRINTERS AND STATIONERS.

7899

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd 1884
4. Place of Birth, (Street and Number) 41 Bolton alley
5. Full Name of Mother, Annie Reiley
6. Mother's Maiden Name, Annie O'Reiley
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Patrick Reiley
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Thurnwald

Address, 345 Pennsylvania ave

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70200

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2nd 1884
4. *Place of Birth, (Street and Number)* 61 Pirie St
5. *Full Name of Mother,* Dora Quandt
6. *Mother's Maiden Name,* Dora Schreiber
7. *Mother's Birthplace,* Baltimore M.D.
8. *Full Name of Father,* Frank Quandt
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore M.D.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. Mesenzehl

*Address,* 345 Penna ave

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70201

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 1 1924 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 Child |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 2nd 1924 |
| 4. *Place of Birth, (Street and Number)* | No 97 Lemon St |
| 5. *Full Name of Mother.* | Mary Gellon. |
| 6. *Mother's Maiden Name,* | " Lynch. |
| 7. *Mother's Birthplace,* | England. |
| 8. *Full Name of Father,* | Edward Gellon. |
| 9. *Father's Occupation,* | Stone Mason. |
| 10. *Father's Birthplace.* | England. |
| *Name of Medical Attendant,* or other Person who makes this Return | Anne Sinclair |
| *Address,* | No 45 N. Monroe St. |
| *Remarks,* | |

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70202

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, 2 March

4. Place of Birth, (Street and Number) 8 Wilcox Street

5. Full Name of Mother, Catherine Richards

6. Mother's Maiden Name, Catherine Conroy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Eduard Richards

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70203

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 8 1884 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 2 — 1884
4. *Place of Birth, (Street and Number)* 324 Canton Av.
5. *Full Name of Mother,* A. M. Remlein
6. *Mother's Maiden Name,* Salzig
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Remlein
9. *Father's Occupation,* Processer
10. *Father's Birthplace,* Baltimre Md

*Name of Medical Attendant,* or other Person who makes this Return Mary Stein

*Address,* 151 E. Pratt St.

*Remarks,*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. REC'D MAR 31 1904 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Male

1. Sex, (state whether male or female) .....

2. Race or Color, (if not of the white race) .....

3. Date of Birth, March 3/04

4. Place of Birth, (Street and Number) 22 Cameron St.

5. Full Name of Mother, Anna Traeger

6. Mother's Maiden Name, Stroecker

7. Mother's Birthplace, Germany

8. Full Name of Father, George Traeger

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, 234 Eastern Ave

Remarks, .....

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births as may occur in his or her practice, which register shall be open at all reasonable hours to the inspection of the Health Officer, or any of his assistants, and shall contain the following particulars, viz: the number of births attended, the date of each birth, the name, sex, and color of the child born, the name and residence of the parents, and the place of birth. And it shall be the duty of every midwife to report to the Health Officer, or to the Registrar of Births, Deaths and Marriages, or to the Board of Health, the occurrence of every birth which may have been attended by her, within ten days after the same shall have occurred, and to furnish to the Health Officer, or to the Registrar of Births, Deaths and Marriages, or to the Board of Health, such information in relation to such birth as may be required by the Board or by the Health Officer, or by the Registrar of Births, Deaths and Marriages, and shall furnish a certificate of such birth, in such form as may be prescribed by the Board of Health, to the parent or parents of the child, or to the person having charge of the child, at the time of reporting the birth to the Health Officer, or to the Registrar of Births, Deaths and Marriages, or to the Board of Health, and shall be entitled to receive from the parent or parents, or person having charge of the child, for each certificate, the sum of twenty-five cents, and no more. And it shall be the duty of every midwife to report to the Health Officer, or to the Registrar of Births, Deaths and Marriages, or to the Board of Health, the occurrence of every stillbirth which may have occurred in her practice, and to furnish such information in relation thereto as may be required by the Board or by the Health Officer, or by the Registrar of Births, Deaths and Marriages, and shall be entitled to receive from the parent or parents, or person having charge of the child, for each certificate of such stillbirth, the sum of twenty-five cents, and no more. And it shall be the duty of the parent or parents, or person having charge of the child, to report the occurrence of such stillbirth to the Health Officer, or to the Registrar of Births, Deaths and Marriages, or to the Board of Health, and to furnish such information in relation thereto as may be required by the Board or by the Health Officer, or by the Registrar of Births, Deaths and Marriages, and shall be entitled to receive from the Board of Health

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

70204

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 3/14 |
| 4. *Place of Birth, (Street and Number)* | 22 Cannon St |
| 5. *Full Name of Mother,* | Anna Traeger |
| 6. *Mother's Maiden Name,* | Stocker |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Georg Traeger |
| 9. *Father's Occupation,* | Baker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louise Kraft |
| *Address,* | 234 Central Ave |
| *Remarks,* | |

HEALTH DEPARTMENT MAR 31 1934 BALTIMORE

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

70205

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 3rd 1884
4. *Place of Birth, (Street and Number)* No. 32. Pason St.
5. *Full Name of Mother,* Mary Stanley.
6. *Mother's Maiden Name,* " Engelbreid
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Sam. Stanly.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Anna Lindner

*Address,* No. 45 S. Monroe St.

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

10206

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1 1924
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race)

3. Date of Birth, March 3, 1884

4. Place of Birth, (Street and Number) 137 Lemmon St.

5. Full Name of Mother, Lizzie Miller Craig

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, John Miller

8. Full Name of Father, Painter

9. Father's Occupation, Baltimore

10. Father's Birthplace, James Graham

Name of Medical Attendant, or other Person who makes this Return Mrs. L. Monroe M.

Address, 145 S. Monroe St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall happen, shall keep a true and exact register of such birth, and shall contain a list of same can be ascertained, the full name and occupation of its parents, in the form of a schedule as far as the name and occupation of the father can be ascertained by the practitioner, in case the mother shall have been conferred, shall be delivered, duly signed by the practitioner of midwifery, or keeper of Health, and shall set forth, as far as the said schedule shall be delivered, duly signed by the practitioner of midwifery, or during the month, and the said schedule shall be delivered, duly signed by the practitioner of midwifery, or any name its birth, and the first and third day of each and every month to the Board of Health. This schedule shall set forth, as far as the same can be ascertained, the full name and occupation of its parents, in the form of a Place of birth, between the first and third day of each and every month to the Board of Health. In case the certificate, child shall occur without the attendance of a practitioner of midwifery, or physician, or of a practitioner, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, hereafter, in the manner, and should no other person be in attendance child to report its birth to the Board of Health, in the manner, and within the period above required, hereafter, in the manner, and duty of the parent or parents of such child to comply with the provisions of this section shall be subject to the penalties and deaths of illegitimate children. In

70207

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd 1884
4. Place of Birth, (Street and Number) No 409 Mc Henry st.
5. Full Name of Mother, Ann Hoffman
6. Mother's Maiden Name, Ann Whittle
7. Mother's Birthplace, Balto. County.
8. Full Name of Father, Wm Hoffman
9. Father's Occupation, Well digger
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return M. J. Leman

Address, 26 Frederick Ave.

Remarks, Fine hearty child (not named)

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

70208

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, March 2nd 1884
4. Place of Birth, (Street and Number) 46 Caroline st
5. Full Name of Mother, Rebecca Gordon
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Abraham Gordon
9. Father's Occupation,
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bernstein

Address, 113 E. Lombard st.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st " Child. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth.* | March 3d " 84. |
| 4. *Place of Birth, (Street and Number)* | 89 Barre St. |
| 5. *Full Name of Mother,* | Isabella Brass. |
| 6. *Mother's Maiden Name,* | " Kilchenson. |
| 7. *Mother's Birthplace,* | Manchester, Eng. |
| 8. *Full Name of Father,* | Joseph O. Brass. |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Balto. City. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. N. Tall. M.D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Return by Vital Statistics in the City of Baltimore.

J. D. ENEANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7021 10

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
10
1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 3 1884 |
| 4. *Place of Birth, (Street and Number)* | 547 Franklin st |
| 5. *Full Name of Mother,* | Margie W. White |
| 6. *Mother's Maiden Name,* | Chance |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Robert T. White |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Bn. Stout |
| *Address,* | 322 Hollins st. |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 2-25-1944

70211

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: ~~Katherine Johanna~~ Henrietta Thomas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 M.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 4th 1884

4. Place of Birth, (Street and Number) No 233 Gough St.

5. Full Name of Mother, Amalia Thomas

6. Mother's Maiden Name, " Dittmar

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Thomas

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Wm E Belz

Address, 120 Bank St.

Remarks,

HEALTH DEPARTMENT APR 1 1984 BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70212

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 4th 1881

4. Place of Birth, (Street and Number) 164 Madeira alley

5. Full Name of Mother, Catherina Doetzl

6. Mother's Maiden Name, " Welsh

7. Mother's Birthplace, Germany

8. Full Name of Father, Michael Doetzl

9. Father's Occupation, Whitewasher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bals

Address, 120 Bank st

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70213

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th and 5th |
| 1. *Sex, (state whether male or female)* | Twins Male and Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 4th 1884 |
| 4. *Place of Birth, (Street and Number)* | Calvert street |
| 5. *Full Name of Mother,* | Mary J Merritt |
| 6. *Mother's Maiden Name,* | Mary J Bell |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Edward Merritt |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Franklin Co. Va |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Sarah Sullens |
| *Address,* | 104 Curley street |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

70214

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR
14
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th
4. Place of Birth, (Street and Number) Eutaw
5. Full Name of Mother, Augustine
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return John Miller M.D.

Address, 106 N. Eutaw Street

Remarks,

SECTION 5.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

70215

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 4 1884
4. *Place of Birth, (Street and Number)* S E Cor Paca & Fayette
5. *Full Name of Mother,* Mary R Jackson
6. *Mother's Maiden Name,* " " Webster
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Ralph D Jackson
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Va

*Name of Medical Attendant,* or other Person who makes this Return H. W. Webster

*Address,*

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. & C. DULANY & CO., CITY PRINTERS AND STATIONERS

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

70216

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10th |
| 1. *Sex (state whether male or female)* | female |
| 2. *Race or Color (if not of the white race)* | Mulatto |
| 3. *Date of Birth* | ~~August 2~~ 4th March |
| 4. *Place of Birth (Street and Number)* | Monroe St 269 |
| 5. *Full Name of Mother* | Anna Henly Ferguson |
| 6. *Mother's Maiden Name* | |
| 7. *Mother's Birthplace* | Md |
| 8. *Full Name of Father* | Steve Henly |
| 9. *Father's Occupation* | Watchman |
| 10. *Father's Birthplace* | Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs L C A Lewis |
| *Address* | # 162 Hanover st |
| *Remarks* | |

GIVEN NAME ADDED 2-23-57

7021

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Rhoda Kirby

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8th 1884
4. Place of Birth, (Street and Number) 105 N. Ann St.
5. Full Name of Mother, Mary Eliza Kirby
6. Mother's Maiden Name, Thebaud
7. Mother's Birthplace, City
8. Full Name of Father, Benjamin Franklin Kirby
9. Father's Occupation, Mariner
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return E. P. Irons M.D.

Address, #375 E. Baltimore St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

70218

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 8.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 5th 1884

4. Place of Birth, (Street and Number) 15 190 S Bond St.

5. Full Name of Mother, Maggeretta Stockman

6. Mother's Maiden Name, Cole

7. Mother's Birthplace, City

8. Full Name of Father, Carl Stockman

9. Father's Occupation, Segar makes

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Belt

Address, 120 Bank St

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70219

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 11

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 5 1884.
4. *Place of Birth, (Street and Number)* S. Durham str No 219
5. *Full Name of Mother,* Margarethe Wiesner
6. *Mother's Maiden Name,* Peppermann
7. *Mother's Birthplace,* Baden
8. *Full Name of Father,* Georg Wiesner
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Johanna Raubach

*Address,* S. Wolf No 14

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70220

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 birth |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* 5 - Marz. | Iden Street No 162 |
| 4. *Place of Birth, (Street and Number)* | Ema Jagdmann |
| 5. *Full Name of Mother.* | " " Hirschmann |
| 6. *Mother's Maiden Name.* | Berlin - Preusen. |
| 7. *Mother's Birthplace,* | Edward Jagdmann |
| 8. *Full Name of Father.* | |
| 9. *Father's Occupation,* | Berlin - Prensen |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Maurer |
| *Address.* | |
| *Remarks.* | Lombard Str. No 278 |

HEALTH DEPARTMENT APR 7 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70224

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 5th 1884
4. Place of Birth, (Street and Number) 56 Forrest st.
5. Full Name of Mother, Getta Barnet
6. Mother's Maiden Name,
7. Mother's Birthplace, Poland
8. Full Name of Father, Joseph Barnet
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return Wm C Bernstein

Address, 182 E. Lombard st.

Remarks,

JOHN F. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

70222

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
25
1894
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | ~~1~~ 4 |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | March 5 1894 |
| 4. *Place of Birth* (Street and Number) | No. 3 Penn St. |
| 5. *Full Name of Mother* | Martha Brown |
| 6. *Mother's Maiden Name* | Martha Gent |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Alfred Brown |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | John C. Harris M.D. |
| *Address* | No. 360 Lexington St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

70773

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 10 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colt
3. Date of Birth, March 5. 1884
4. Place of Birth, (Street and Number) 26 Pitcher St
5. Full Name of Mother, Rosa J Akers
6. Mother's Maiden Name, " " McAbee
7. Mother's Birthplace, Md.
8. Full Name of Father, J Robt Akers
9. Father's Occupation, R.R. Employé
10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return G Lane Tannyhill

Address, 219 Madison ave

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70224

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 5th 1884 |
| 4. *Place of Birth, (Street and Number)* | 211 W. Fayette St. |
| 5. *Full Name of Mother* | Lucy Hungelmann. |
| 6. *Mother's Maiden Name,* | " Schmidt. |
| 7. *Mother's Birthplace,* | Balto. City. |
| 8. *Full Name of Father,* | August Hungelmann. |
| 9. *Father's Occupation,* | Tobacconist. |
| 10. *Father's Birthplace,* | Europe - |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. N. Tall. M.D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

J. J. O'SULLIVAN & CO., CITY PRINTERS AND STATIONERS

70225

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 5th 1884 |
| 4. *Place of Birth, (Street and Number)* | 138 Mc Kelden St. |
| 5. *Full Name of Mother,* | Mary Conghlan |
| 6. *Mother's Maiden Name,* | Mary Meyers |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Thom. F. Conghlan |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | M. J. Butt. |
| *Address,* | 185 S.E. cor. Central ave & Monument St. |
| *Remarks,* | Ill Med. |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

70226

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* femail
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Born 5th March 1884
4. *Place of Birth, (Street and Number)* 348 Mountgomery st
5. *Full Name of Mother,* Sarah Wongers
6. *Mother's Maiden Name,* Sarhah Smith
7. *Mother's Birthplace,* Chambrige Md
8. *Full Name of Father,* Benjamin Smith
9. *Father's Occupation,* Scowman
10. *Father's Birthplace,* Annapolis

*Name of Medical Attendant,* or other Person who makes this Return. — — Annie Johnson

*Address,*

*Remarks,* Rosellin Smith

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

70227

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 8 1884 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 5 — 1884
4. *Place of Birth, (Street and Number)* 172 S. Chapel st.
5. *Full Name of Mother,* Lucie Stump
6. *Mother's Maiden Name,* Meyer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Stump
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mary Stein

*Address,* 151 E. Pratt st.

*Remarks,*

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

70228

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| | Benjamin F. Wilson |
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 2d |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 6 th 1884 |
| 4. *Place of Birth, (Street and Number)* | Harford Ave |
| 5. *Full Name of Mother,* | Harriett Wilson |
| 6. *Mother's Maiden Name,* | (Collins |
| 7. *Mother's Birthplace,* | Balto Co Md |
| 8. *Full Name of Father,* | John Wilson |
| 9. *Father's Occupation,* | Manufacturer |
| 10. *Father's Birthplace,* | Balto Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return | R. B. Billingslea |
| *Address,* | 256 E. Preston St |
| *Remarks,* | GIVEN NAME ADDED. 12-3-57 |

APR 14 1884 BALTIMORE

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

70229

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 6th
4. *Place of Birth, (Street and Number)* Burgundy Ally No 157
5. *Full Name of Mother,* Christing Dennstatt
6. *Mother's Maiden Name,* " " ~~van Cline~~ van berg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Dennstatt
9. *Father's Occupation,* at Glass works
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Ralf Münch

*Address,* 1 Leadenhall St

*Remarks,*

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

70230

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 10

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 6, 84.
4. *Place of Birth, (Street and Number)* S. Wolfstr No 181
5. *Full Name of Mother,* Katharina Zeiler
6. *Mother's Maiden Name,* Ditzel
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Zeiler
9. *Father's Occupation,* Hacktreiber
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Mrs Joh. Raubach

*Address,* S. Wolfstr No 14

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

10231

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 23 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6, 84.
4. Place of Birth, (Street and Number) 51 McKinnon St.
5. Full Name of Mother, C. Borman
6. Mother's Maiden Name, C Engel
7. Mother's Birthplace, Balt City
8. Full Name of Father, C. H. Borman
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. K. Robinson M.D.

Address, W. Fremont Ave

Remarks,

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70232

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
24
1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 6. 1884 |
| 4. *Place of Birth, (Street and Number)* | 114 N. Washington |
| 5. *Full Name of Mother,* | Emma Koch Grote |
| 6. *Mother's Maiden Name,* | Emma Koch |
| 7. *Mother's Birthplace,* | Balt. Md. |
| 8. *Full Name of Father,* | Francis Joseph Grote Ph. D. |
| 9. *Father's Occupation,* | Pharmaceutical Chemist |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | G. Glanville Rusk M. D. |
| *Address,* | 2926 E. Balt. St. |
| *Remarks,* | Natural |

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70233

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 25 1924
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st " Child. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 6th 24. |
| 4. *Place of Birth, (Street and Number)* | 53 Conway St. |
| 5. *Full Name of Mother,* | Anna Still |
| 6. *Mother's Maiden Name,* | " Daley. |
| 7. *Mother's Birthplace,* | Westminster, Md. |
| 8. *Full Name of Father,* | Cleon P. Still. |
| 9. *Father's Occupation,* | Clerk. |
| 10. *Father's Birthplace,* | Va " |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. H. Tall. M.D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

7023 of

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAR 27 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6th 1894
4. Place of Birth, (Street and Number) 261 E Eager St.
5. Full Name of Mother, Barbara Wipf
6. Mother's Maiden Name, Engelhardt
7. Mother's Birthplace, Germany
8. Full Name of Father, Andreas Wipf
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return S. W. Seldner M. D.

Address, S E Cor Eager & Caroline Sts.

Remarks,

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

70135

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 7-1884 |
| 4. *Place of Birth, (Street and Number)* | No 468 E. Chase St |
| 5. *Full Name of Mother,* | Harriett A. Morgan |
| 6. *Mother's Maiden Name,* | " " Hatton |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles H. Morgan |
| 9. *Father's Occupation,* | Bricklayer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | D Mary A Allwell |
| *Address,* | 286 Mc Donough st |
| *Remarks,* | |

HEALTH DEPT MAR 27 1884 BALTIMORE

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70236

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 18 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* wht
3. *Date of Birth,* Mch 7. 1884.
4. *Place of Birth, (Street and Number)* 123 Druid Hill ave
5. *Full Name of Mother,* Ida L Railing
6. *Mother's Maiden Name,* " " Trunvell
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Louis D Railing
9. *Father's Occupation,* shoemaker
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other Person who makes this Return G Lane Tanneyhill

*Address,* 219 Madison ave

*Remarks,*

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70237

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th March (1884)
4. Place of Birth, (Street and Number) 32 Leadenhall St Balt-md
5. Full Name of Mother, Loisa Margaret Burke
6. Mother's Maiden Name, " " Wollrab
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Irvin Burke
9. Father's Occupation, Paper hanger
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs. Münch

Remarks, No. 1 Leadenhall St Balt-md

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-10-50

70238

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bertha ~~E. Hicken~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, March 8/84
4. Place of Birth, (Street and Number) #1 Townsend St Locust Point
5. Full Name of Mother, Annie Hicken
6. Mother's Maiden Name, Schuh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hicken
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, 236 Canton Ave

Remarks,

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred.) Its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other lines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70289

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 8th 1894

4. Place of Birth, (Street and Number) 69 S Caroline st

5. Full Name of Mother, Lina Mueller

6. Mother's Maiden Name, " Westermann

7. Mother's Birthplace, City

8. Full Name of Father, John Mueller

9. Father's Occupation, Cooper

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs. Elizabeth Bell

Address, 120 Bank st

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70240

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother,* (*state whether* 1st, 2d, 3d, &c.) Sixth

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) March 8th 1884
3. *Date of Birth,* March 8th 1884
4. *Place of Birth,* (*Street and Number*) 460 East Fayette St
5. *Full Name of Mother,* Laura Catherine Tankersley
6. *Mother's Maiden Name,* Laura Catherine Webster
7. *Mother's Birthplace,* Somerset Co Md
8. *Full Name of Father,* Thos Henry Tankersley
9. *Father's Occupation,* Mariner
10. *Father's Birthplace.* Virginia

*Name of Medical Attendant,* or other Person who makes this Return G Glanville Rusk M D

*Address,* 392 E Baltimore St

*Remarks,* Natural

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

70241

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th 84
4. *Place of Birth, (Street and Number)* Cor. L. Paca & Conway St.
5. *Full Name of Mother,* Katie Borcherding
6. *Mother's Maiden Name,* Luebke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Borcherding
9. *Father's Occupation,* Restaurant.
10. *Father's Birthplace,* Prussia

*Name of Medical Attendant,* or other Person who makes this Return Mary Kroh

*Address,* # 328 S. Eutaw St.

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7024-2

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1884 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 8th 1884
4. *Place of Birth, (Street and Number)* 110 Russell St Baltimore city
5. *Full Name of Mother,* Addie Williams
6. *Mother's Maiden Name,* Addie Larkins
7. *Mother's Birthplace,* Annapolis md
8. *Full Name of Father,* Harry Williams
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore md City

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Annie Johnson

*Address,*

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

7019

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 9/94 |
| 4. *Place of Birth, (Street and Number)* | 252 S. Bond St |
| 5. *Full Name of Mother,* | Katharine ~~Jacob~~ Micor Ky. |
| 6. *Mother's Maiden Name,* | Loszoski |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Jacob Micor Ky |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louise Wolff |
| *Address,* | 236 Caution Ave |
| *Remarks,* | |

HEALTH DEPARTMENT MAR 31 1894 BALTIMORE

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70244

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 9 day of March
4. *Place of Birth, (Street and Number)* Hamburg St. No. 101.
5. *Full Name of Mother,* A. K. Herrmann.
6. *Mother's Maiden Name,* A. K. Mankewitz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Herrmann.
9. *Father's Occupation,* Tailer
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Birth Mirror

*Address,* 1 Seadenfall St

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70245

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or [redacted], (if not of the white race)
3. Date of Birth, March 9th 1884
4. Place of Birth, (Street and Number) 358 Hanover St.
5. Full Name of Mother, Louisa Leibold
6. Mother's Maiden Name, " Albert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John. G. Leibold
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Münch

Address No. 1 Leadenhall St.

Remarks,

...of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...N F. PIET & CO., CITY PRINTERS AND STATIONERS.

70246

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 9 '84
4. Place of Birth, (Street and Number) 194 Franklin St.
5. Full Name of Mother, Hannah Shafer
6. Mother's Maiden Name, Hannah Horn
7. Mother's Birthplace, Md
8. Full Name of Father, Jacob C. Shafer
9. Father's Occupation, Pork Packer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return — J. H. Keller. M.D

Address, 188 Franklin St

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70347

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) | Eighth |
| 1. *Sex.* (*state whether male or female*) | Male |
| 2. *Race or Color.* (*if not of the white race*) | White |
| 3. *Date of Birth.* | March 9th 1884 |
| 4. *Place of Birth.* (*Street and Number*) | No. 49 Luzerne St |
| 5. *Full Name of Mother.* | Mrs Rosa Cox |
| 6. *Mother's Maiden Name.* | Miss Rosa Mack |
| 7. *Mother's Birthplace.* | England |
| 8. *Full Name of Father.* | Hugh Cox |
| 9. *Father's Occupation.* | Fireman on boat |
| 10. *Father's Birthplace.* | England |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Rachel L. Garrett |
| *Address.* | No 65 Burke St. |
| *Remarks.* | Child's name Hugh Thomas Cox |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70248

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex (state whether Male or Female)* | male |
| 2. *Race or Color (if not of the white race)* | white |
| 3. *Date of Birth* | March 9th. 1884 |
| 4. *Place of Birth (Street and Number)* | 97 Albemarle st. |
| 5. *Full Name of Mother* | Lucy Keller |
| 6. *Mother's Maiden Name* | " Mc. Cusker |
| 7. *Mother's Birthplace* | Ireland |
| 8. *Full Name of Father* | Jno. Keller |
| 9. *Father's Occupation* | Mariner |
| 10. *Father's Birthplace* | Key West, Fla. |
| *Name of Medical Attendant, or other Person who makes this return* | Pierre Geo. Dauvel |
| *Address* | |
| *Remarks* | 325 E. Baltimore st. |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

70249

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 19 1924 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 9th 24 |
| *4. Place of Birth (Street and Number)* | 130 E. Paca St. |
| *5. Full Name of Mother* | Alice Wells |
| *6. Mother's Maiden Name* | Alice Peacock |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | J. Neville Wells |
| *9. Father's Occupation* | Commission Merchant |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. Tyler Smith M.D. |
| *Address* | 167 Barre St. |
| *Remarks* | Natural Labor |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70250

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 6.—And be it further enacted and ordained: That every person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAR 9 1904 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 March
4. Place of Birth, (Street and Number) 114 Washington Street
5. Full Name of Mother, Emma Grote
6. Mother's Maiden Name, Koch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Grote
9. Father's Occupation, Druggist
10. Father's Birthplace, Hannover (Germ)

Name of Medical Attendant, or other Person who makes this Return Mrs L. Behnken.

Address, 54 Essex St.

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70251

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 9th March 1884
4. *Place of Birth, (Street and Number)* 321 Lanville St
5. *Full Name of Mother,* Diana Albert
6. *Mother's Maiden Name,* Diana Lupus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anton Albert
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return J. W. Heldman M.D.

*Address,* 120 Pearl St Baltimore

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

70952

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 27 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 March
4. Place of Birth, (Street and Number) Hart st. 284
5. Full Name of Mother, Henrita Buckbite
6. Mother's Maiden Name, Henrita martingale
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Adam L Buckbite
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary Saunts

Address, Bird st

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7025

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 27 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9th 1884
4. Place of Birth, (Street and Number) 173 Greenmount Ave
5. Full Name of Mother, Mary Butzler
6. Mother's Maiden Name, Paper
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, William Butzler
9. Father's Occupation, Builder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return S. W. Seldner M.D.

Address, S E Cor Eager & Caroline Sts.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70254

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 9-1884
4. Place of Birth, (Street and Number) No. 257 N Ann St
5. Full Name of Mother, Elizabeth A. Callan
6. Mother's Maiden Name, Elizabeth A. Vanhorn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Barnard Callan
9. Father's Occupation, Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 Mt Donogh st

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70253

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | M |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 9 1884 |
| 4. *Place of Birth, (Street and Number)* | 203 S. Charles st |
| 5. *Full Name of Mother,* | Elizabeth Jaeger Deetz |
| 6. *Mother's Maiden Name,* | " Jaeger |
| 7. *Mother's Birthplace,* | Balt. |
| 8. *Full Name of Father,* | Adam L. Deetz |
| 9. *Father's Occupation,* | Barber |
| 10. *Father's Birthplace,* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return | Henry Webster |
| *Address,* | 57 Barre |
| *Remarks,* | |

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

70256

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether* 1st, ~~2d, 3d, &c.~~) | |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 10th 1884 |
| 4. *Place of Birth, (Street and Number)* | 456 E. Lombard St. |
| 5. *Full Name of Mother,* | Francis G. Smith |
| 6. *Mother's Maiden Name,* | Kirwin |
| 7. *Mother's Birthplace,* | Dorchester Co. Md. |
| 8. *Full Name of Father,* | Samuel F. Smith |
| 9. *Father's Occupation,* | Mariner |
| 10. *Father's Birthplace,* | Dorchester Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | E. L. Bivins M.D. |
| *Address,* | 375 E. Baltimore St. |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

70257

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 March
4. Place of Birth, (Street and Number) 22 W. Lombard
5. Full Name of Mother, Sophia Petry
6. Mother's Maiden Name, Bely
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Petry
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Cattper

Address, 22. E. Lombard

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70258

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. MAR 23 1884 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 10th 1884

4. Place of Birth, (Street and Number) 340 Canton Ave

5. Full Name of Mother, Annie Berninger

6. Mother's Maiden Name, Depkin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr Berninger

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70259

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 18th 1884
4. *Place of Birth, (Street and Number)* 314 E. Fayette St.
5. *Full Name of Mother,* Annie Augusta Stewart Smith
6. *Mother's Maiden Name,* Annie Augusta Stewart Milligan
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* James Hume Smith
9. *Father's Occupation,* Commission Dam Merchant
10. *Father's Birthplace* Lower Chancefort York Co. Pa.

*Name of Medical Attendant,* or other Person who makes this Return G. Glanwith Rusk M.D.

*Address,* 392 E. Baltimore St

*Remarks,* Natural

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

70260

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether Male or Female)* | male |
| 2. *Race or Color (if not of the white race)* | white |
| 3. *Date of Birth* | March 10th 10 p. m. |
| 4. *Place of Birth (Street and Number)* | 13 Stiles st |
| 5. *Full Name of Mother* | Tilley Mahoney |
| 6. *Mother's Maiden Name* | " Cook |
| 7. *Mother's Birthplace* | Balto. md |
| 8. *Full Name of Father* | William Mahoney |
| 9. *Father's Occupation* | Potter |
| 10. *Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this return* | Pierre Geo. Dausehard |
| *Address* | 325 E. Baltimore st. |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

70261

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 7 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 10 84 |
| 4. *Place of Birth, (Street and Number)* | 34 N. Poppleton |
| 5. *Full Name of Mother,* | Laura V. Grim |
| 6. *Mother's Maiden Name,* | " " Meredith. |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Edward J. Grim. |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Opie |
| *Address,* | 179 N Howard |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70262

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1884 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 10 — 1884
4. *Place of Birth, (Street and Number)* 48 S. Bond St.
5. *Full Name of Mother,* Ellen Ogle
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas Ogle
9. *Father's Occupation,* Iron-Molder
10. *Father's Birthplace.* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mary Steiny

*Address,* 151 E Pratt St.

*Remarks,*

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70163

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 1 1924 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11th 1884.
4. Place of Birth, (Street and Number) N. 56 S. Calhoun.
5. Full Name of Mother, Mary Eichhorn.
6. Mother's Maiden Name, ... Feldman.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Eichhorn
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Anna Sindram

Address, N. 45 S. Monroe St.

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70264

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 19 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | March 11th 94. |
| *4. Place of Birth (Street and Number)* | 167 Barre St. |
| *5. Full Name of Mother* | Josephine Robbins |
| *6. Mother's Maiden Name* | Josephine Smith |
| *7. Mother's Birthplace* | New Jersey |
| *8. Full Name of Father* | Joseph Robbins |
| *9. Father's Occupation* | Glass Flattener |
| *10. Father's Birthplace* | New Jersey |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. Tyler Smith M.D. |
| *Address* | 167 Barre St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70265

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Louise L. Drisgill

HEALTH DEPARTMENT MAR 23 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 March 1884
4. *Place of Birth, (Street and Number)* 326 Bank St
5. *Full Name of Mother,* Bell A Drisgill
6. *Mother's Maiden Name,* Waithman
7. *Mother's Birthplace,* Mattheness Va
8. *Full Name of Father,* toms I drisgill
9. *Father's Occupation,* captin of schooner
10. *Father's Birthplace,* Mattheness V

*Name of Medical Attendant,* or other Person who makes this Return Mrs Wiley

*Address,* No 12 Patterson Park av

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7026-66

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 11 1884 |
| 4. *Place of Birth, (Street and Number)* | No 527 E. Eager St |
| 5. *Full Name of Mother,* | Emma Stine |
| 6. *Mother's Maiden Name,* | Emma Ford |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Stine |
| 9. *Father's Occupation,* | Labourer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary A Allwell |
| *Address,* | 286 N Donaldson st |
| *Remarks,* | |

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

70567

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11-1884
4. Place of Birth, (Street and Number) No 152 N Dallas St
5. Full Name of Mother, Florence V. Scott
6. Mother's Maiden Name, " " Lowrey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm W. Scott
9. Father's Occupation, Huckster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 Mt Donogh st

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

To 268

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | March 12/94 |
| 4. *Place of Birth, (Street and Number)* | 23 Bank St |
| 5. *Full Name of Mother,* | Mary Huebner |
| 6. *Mother's Maiden Name,* | Nester |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George Huebner |
| 9. *Father's Occupation,* | Blacksmith |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louise Kraft |
| *Address,* | 236 Eastern Ave |
| *Remarks,* | |

HEALTH DEPARTMENT MAR 31 1894 BALTIMORE

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70269

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* March 12/84
4. *Place of Birth, (Street and Number)* 48 Hammon Alley
5. *Full Name of Mother,* Lisebeth McCarty
6. *Mother's Maiden Name,* Kelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas McCarty
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Louise Krafft

*Address,* 236 Canton Ave

*Remarks,*

SECTION 6. Any one or further charge and ordinance. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

7270

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12
4. Place of Birth, (Street and Number) 131 Henrietta st
5. Full Name of Mother, Maggie Wayter
6. Mother's Maiden Name, Maggie Mosgner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H. Wayter
9. Father's Occupation, Ice dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70271

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th March
4. *Place of Birth, (Street and Number)* 438 Cross St.
5. *Full Name of Mother,* Caroline Elizabeth Renoff
6. *Mother's Maiden Name,* Caroline Elizabeth Lahn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick J. Renoff
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore City Maryland U.S.

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Julie Bunge

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mach 12 1884
4. *Place of Birth, (Street and Number)* Baltimore St
5. *Full Name of Mother,* Anie Dahl
6. *Mother's Maiden Name,* Dareback
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* H. Dahl
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return (M. A. Ledley)

*Address.* No. 57 N. Schroeder St

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

10273

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12th 1884
4. Place of Birth, (Street and Number) No 165 Pleasant Street
5. Full Name of Mother, Mrs Eliza A. Yerkes
6. Mother's Maiden Name, Miss Eliza A. Booth
7. Mother's Birthplace, England
8. Full Name of Father, Mr. William H. Yerkes
9. Father's Occupation, Gas Inspector
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Wm H. Clendenin, M.D.

Address, No. 102 N. Broadway

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

No. 10274

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 21 1881 BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | | |
|---|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | | 4 |
| 1. *Sex, (state whether male or female)* | | Male |
| 2. *Race or Color, (if not of the white race)* | | |
| 3. *Date of Birth,* | | 12 March |
| 4. *Place of Birth, (Street and Number)* | | 32 Greene |
| 5. *Full Name of Mother,* | | Mary Murphy |
| 6. *Mother's Maiden Name,* | | A Casey |
| 7. *Mother's Birthplace,* | | Baltimore |
| 8. *Full Name of Father,* | | Frank G. Murphy |
| 9. *Father's Occupation,* | | Carpet-store |
| 10. *Father's Birthplace,* | | Baltimore |
| *Name of Medical Attendant,* | or other Person who makes this Return | Sarah Casper |
| *Address,* | | 92. E. Lombard |
| *Remarks,* | | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70275

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12 March
4. *Place of Birth, (Street and Number)* 11 Lloyd
5. *Full Name of Mother,* Mary Choon
6. *Mother's Maiden Name,* Hoben
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Choon
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70276

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. MAR 23 1904 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th of March.

4. Place of Birth, (Street and Number) 141 S. Washington

5. Full Name of Mother, Elisabeth Inloes

6. Mother's Maiden Name, Kelle

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Inloes

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Wisly

Address,

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child so to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70277

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 23 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12/84
4. *Place of Birth, (Street and Number)* 79 W Exeter St
5. *Full Name of Mother,* Ella Ferrell
6. *Mother's Maiden Name,* " Furlong
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joshua Ferrell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D. Ward 13

*Address,* 146 Hanover St

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PITT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 12th 1884 |
| 4. *Place of Birth, (Street and Number)* | 234 Williams Av |
| 5. *Full Name of Mother,* | Gottie George |
| 6. *Mother's Maiden Name,* | Lottie Rhodes |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Eddie George |
| 9. *Father's Occupation,* | Mechanic |
| 10. *Father's Birthplace,* | Va |
| *Name of Medical Attendant,* or other Person who makes this Return | H B Noble, M.D. |
| *Address,* | Baltimore Md |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70279

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 26 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th 84th
4. *Place of Birth, (Street and Number)* # 382 Cross St
5. *Full Name of Mother,* Bertha Miller
6. *Mother's Maiden Name,* Hartwig
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred. Miller
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Preussin

*Name of Medical Attendant,* or other Person who makes this Return Mary Kroh

*Address,* # 328 S Eutaw St.

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

70280

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th March
4. *Place of Birth (Street and Number)* Conrad st 344
5. *Full Name of Mother* Inez Carr
6. *Mother's Maiden Name* Hawley
7. *Mother's Birthplace* Md
8. *Full Name of Father* William Carr
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs L A Jervis

*Address* # 162 Hanover st

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70281

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~)* | |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 13th March 1884 |
| 4. *Place of Birth, (Street and Number)* | 36 S. Broadway |
| 5. *Full Name of Mother,* | Virginia McDowell Ireland |
| 6. *Mother's Maiden Name,* | Wanton |
| 7. *Mother's Birthplace,* | St. Louis Mo. |
| 8. *Full Name of Father,* | Hans Wilson Ireland |
| 9. *Father's Occupation,* | Manager Singer's Sewing Machine Co. City |
| 10. *Father's Birthplace,* | City |
| *Name of Medical Attendant,* or other Person who makes this Return | E. P. Irons M.D. |
| *Address,* | 375 E. Baltimore St. |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN D. TOY & CO., CITY PRINTERS AND STATIONERS.

70782

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 13th 1884
4. Place of Birth, (Street and Number) No. 190 N. Bond St.
5. Full Name of Mother, Mary Wright
6. Mother's Maiden Name, Inch.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Wright
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Anne Simms

Address, No. 95 S. Monroe St.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70283

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1884
4. *Place of Birth, (Street and Number)* 185 Chestnut St
5. *Full Name of Mother,* Ellen Rollinson
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Henry Rollinson
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mr. Oscar Allegrini

*Address.* 182 E. Monument St.

*Remarks.*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70284

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2.

1. *Sex, (state whether male or female)* family.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 March.
4. *Place of Birth, (Street and Number)* Baltimore 192 Charles St.
5. *Full Name of Mother,* Maggie Lautherbach.
6. *Mother's Maiden Name,* Koerber.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Lauterbach.
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Ruth Münch

*Address,* 1 Sacramento St

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70285

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)*

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* the 13 March
4. *Place of Birth, (Street and Number)* 410 Hannover St
5. *Full Name of Mother,* Josephene ~~Weller Holmes~~ Holmes
6. *Mother's Maiden Name,* Josephene Weller
7. *Mother's Birthplace,* Marrealand
8. *Full Name of Father,* Willim Holmes
9. *Father's Occupation,* Bucher
10. *Father's Birthplace,* Marrealand

*Name of Medical Attendant,* or other Person who makes this Return Ralf Munch

*Address,* 1 Leadenhall St

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

7028

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Mch 18th 84

4. Place of Birth, (Street and Number) 463 Franklin St.

5. Full Name of Mother, Mary Elizabeth Entwistle

6. Mother's Maiden Name, Mary E. Giles

7. Mother's Birthplace, Md

8. Full Name of Father, William Entwistle

9. Father's Occupation, Carpenter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return J. Miller M.D.

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

10287

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13th, 1884.
4. Place of Birth, (Street and Number) No. 286 Fairmount Street
5. Full Name of Mother, Mrs. Ella Mayfield
6. Mother's Maiden Name, Miss Ella Kinsey
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Charles H. Mayfield
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return Wm. H. Glendinen, M.D.

Address, No. 102 N. Broadway

Remarks,

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIPT & CO., CITY PRINTERS AND STATIONERS.

70288

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13th, 1884
4. Place of Birth, (Street and Number) No. 239 East Baltimore Street
5. Full Name of Mother, Mrs. Florence Virginia Thompson
6. Mother's Maiden Name, Miss F. V. Glass
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Mr. Caleb M. Thompson
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Cecil County, Md.

Name of Medical Attendant, or other Person who makes this Return Wm. H. Clendinen, M.D.

Address, No 102 North Broadway

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

70289

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, march 18 th

4. Place of Birth, (Street and Number) no 27 Wayne ST

5. Full Name of Mother, Frances a Spriggs

6. Mother's Maiden Name, Frances a cook

7. Mother's Birthplace, Baltimore

8. Full Name of Father, andrew Spriggs

9. Father's Occupation, White Washer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Lydia Porter

Address, no 4 papis co avenue

Remarks, healthy Child

SECTION 4.—And be it further enacted, that every person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70290

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 25 1924 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13 24
4. *Place of Birth, (Street and Number)* 283 Mulberry St
5. *Full Name of Mother,* Mrs. John E. King
6. *Mother's Maiden Name,* Miss Gertie Bale
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John E. King
9. *Father's Occupation,* Machinist
10. *Father's Birthplace.* City

*Name of Medical Attendant,* or other Person who makes this Return H. L. Hill Jr. M.D.

*Address,* 23 E Madison Ave

*Remarks,*

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70291

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13: 84
4. *Place of Birth, (Street and Number)* 322 Lafayette Ave,
5. *Full Name of Mother,* Annie Pidcock
6. *Mother's Maiden Name,* " Maxwell
7. *Mother's Birthplace,* New York City
8. *Full Name of Father,* Samuel Pidcock
9. *Father's Occupation,* Minister of the Gospel
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return, J. E. Williams

*Address,* 201 Madison Ave

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 70292

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 4 1884 BALTIMORE.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d 1 |
| 1. *Sex (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | March 13th 1884 |
| 4. *Place of Birth, (Street and Number)* | 115 Mantg'y St. |
| 5. *Full Name of Mother* | Eliz^th A. Ryan |
| 6. *Mother's Maiden Name* | Military |
| 7. *Mother's Birthplace* | Washington D.C. |
| 8. *Full Name of Father* | Michael Ryan |
| 9. *Father's Occupation* | Iron Moulder |
| 10. *Father's Birthplace* | Ireland |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. C. Lee |
| *Address* | Hanover & Barre Sts |
| *Remarks* | |

# RETURN OF A BIRTH

1893

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 28 1894 BALTIMORE

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 14
4. Place of Birth, (Street and Number) 876 E Monument St.
5. Full Name of Mother, Lizzie Dean
6. Mother's Maiden Name, Deibing
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Dean
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Isabella Oliver

Address, 158 Eden St.

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70794

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 1 1864 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 17th 1864.
4. Place of Birth, (Street and Number) No. 837 W. Pratt St.
5. Full Name of Mother, Hanna Kaufman.
6. Mother's Maiden Name, Wm.
7. Mother's Birthplace, Braunschweig
8. Full Name of Father, Henry Kaufman.
9. Father's Occupation, Cabinet maker.
10. Father's Birthplace, Hessen.

Name of Medical Attendant, or other Person who makes this Return Anne Lindau

Address, No 45 S. Monroe St.

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

7029

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
20
1894
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 14th 1894

4. *Place of Birth, (Street and Number)* 253 Wallace st

5. *Full Name of Mother,* Eda A Knight

6. *Mother's Maiden Name,* Eda A Keyser

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph T Knight

9. *Father's Occupation,* Boiler Maker

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M A Cattell

*Address,* N 105 Montgomery st

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

70296

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 21 1934 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 14" 34 |
| 4. *Place of Birth, (Street and Number)* | 282 W. Lombard St. |
| 5. *Full Name of Mother,* | Lucy B. Watts. |
| 6. *Mother's Maiden Name,* | " " Hollstein. |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | Arthur G. Watts. |
| 9. *Father's Occupation,* | Physician. |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Arthur G. Watts M. D. |
| *Address,* | 282 W. Lombard St |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70297

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7" |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Mar 14 1884 |
| 4. *Place of Birth, (Street and Number)* | 445 Hamburg St |
| 5. *Full Name of Mother,* | Mary Sullivan |
| 6. *Mother's Maiden Name,* | Mary Davis |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Chas Sullivan |
| 9. *Father's Occupation,* | Bricklayer |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Geo R Graham M D |
| *Address,* | 131 Columbia ave |
| *Remarks,* | |

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

70298

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14: 1884
4. Place of Birth, (Street and Number) No 10 - 1st Street
5. Full Name of Mother, Cecelia Rose
6. Mother's Maiden Name, " Elliott
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, John C. Rose
9. Father's Occupation, Lawyer
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other Person who makes this Return D.L. Williams

Address, 201 Madison Ave

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70299

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether* ~~male~~ *or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 14th 1884
4. *Place of Birth, (Street and Number)* 102 Edmonson Ave
5. *Full Name of Mother,* Nelly R Mills
6. *Mother's Maiden Name,* Nelli Rowland
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* George Albert Mills
9. *Father's Occupation,* Tin Roofing
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return S W Seldner & Dr Hall

*Address,* 57 N Bond

*Remarks,* Instrumental

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

70300

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 3 1884 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* March 14th 1884

*4. Place of Birth (Street and Number)* No. 529 Druid Hill ave.

*5. Full Name of Mother* Mary Goodrich

*6. Mother's Maiden Name* Mary Stephens

*7. Mother's Birthplace* Balto. city.

*8. Full Name of Father* Unknown

*9. Father's Occupation* " "

*10. Father's Birthplace* " "

*Name of Medical Attendant, or other Person who makes this Return.* F. B. Gardner M.D.

*Address* 120 N. Eutaw St.

*Remarks* This child lived but three hours.

70301

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
5
1884
BALTIMORE

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother,* (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 14th March 1884
4. *Place of Birth,* (*Street and Number*) 205 Hoffman St
5. *Full Name of Mother,* Emma V. Wilson
6. *Mother's Maiden Name,* " " Gallion
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Benj Wilson
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return — Geo H Capito / Wauley Turner

*Address,*

*Remarks,*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

70302

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 7 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 birth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 März

4. Place of Birth, (Street and Number) Wolf Street No 60.

5. Full Name of Mother, Katie Grasser

6. Mother's Maiden Name, " " Sink

7. Mother's Birthplace, Baden Stein — Baiern. Germ.

8. Full Name of Father, Adreas Grasser

9. Father's Occupation,

10. Father's Birthplace, Halfeld — Baiern. Germ.

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs. Baures

Remarks, Lombard Stral No 278

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70303

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 29 1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15th 1884
4. *Place of Birth, (Street and Number)* 174 East St
5. *Full Name of Mother,* Louisa Thompson
6. *Mother's Maiden Name,* Louisa Leraft
7. *Mother's Birthplace,* Baltimore city Md
8. *Full Name of Father,* Joseph M Thompson
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Washington D.C.

*Name of Medical Attendant,* or other Person who makes this Return E. M. Riley MD

*Address,* 196 W Lombard St

*Remarks,*

© DULANY & CO., CITY PRINTERS AND STATIONERS

70304

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 March 1884
4. Place of Birth, (Street and Number) Balto. Chapel st No 128
5. Full Name of Mother, Mary Novak
6. Mother's Maiden Name, Mary Hayek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jos. Novak
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kaptish

Address, 69 N Washington st

Remarks, Mary Kaptish

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN S. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

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Every effort was made to assure legibility and completeness.

70305

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15th 1884
4. *Place of Birth, (Street and Number)* 346 Mulberry St
5. *Full Name of Mother,* Mary Butler
6. *Mother's Maiden Name,* Mary Killdiff
7. *Mother's Birthplace,* Baltimore M D
8. *Full Name of Father,* Eugene Butler
9. *Father's Occupation,* Brass Finisher
10. *Father's Birthplace,* Baltimore M D

*Name of Medical Attendant,* or other Person who makes this Return Mrs A Hesenzehl

*Address,* 345 Penna ave

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70306

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, March 15th 1884
4. Place of Birth, (Street and Number) No 180 Eastern Ave
5. Full Name of Mother, Ellen Kennedy
6. Mother's Maiden Name, " Sheppard
7. Mother's Birthplace, City
8. Full Name of Father, John Kennedy
9. Father's Occupation, Barber
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank Str

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70307

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 7th 15
4. *Place of Birth, (Street and Number)* No 89 Ridgley St
5. *Full Name of Mother,* Henrietta Vahle
6. *Mother's Maiden Name,* Henrietta Falk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Vahle
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Rath Münch

*Address,* 1 Lardenhall St

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

10308

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 of March 1884
4. Place of Birth, (Street and Number) No 67 Wine Street
5. Full Name of Mother, Mary Theht.
6. Mother's Maiden Name, May Younger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Theht — Jacob.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Katherine Seebeck

Address, No 439 West Pratt street.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children. And any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PELT & CO., CITY PRINTERS AND STATIONERS.

10309

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, to the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

HEALTH DEPARTMENT APR 3 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | girl |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | March 15 |
| 4. *Place of Birth, (Street and Number)* | 254 Central Avenue |
| 5. *Full Name of Mother,* | Ida Klüsch |
| 6. *Mother's Maiden Name,* | Ida Stadich |
| 7. *Mother's Birthplace,* | Born |
| 8. *Full Name of Father.* | Willie Klüsch |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Born |
| *Name of Medical Attendant,* or other Person who makes this Return | Anna Walker |
| *Address,* | 239 E. Eager street |
| *Remarks,* | |

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70310

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 15th
4. *Place of Birth, (Street and Number).* 35 Wasche St
5. *Full Name of Mother,* Mrs Minnie Wehrenberg
6. *Mother's Maiden Name,* " Süchting
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mr Fred Wehrenberg
9. *Father's Occupation,* Boxmaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return F. Hill M.D.

*Address,* [illegible] 8 Schroeder St

*Remarks,*

"That any physician; accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

70311

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) | 4 th Child |
| 1. *Sex,* (state whether male or female) | Male |
| 2. *Race or Color,* (if not of the white race) | |
| 3. *Date of Birth,* | March 15 th 1884 |
| 4. *Place of Birth,* (Street and Number) | No. 275 Bathurst av. |
| 5. *Full Name of Mother,* | Caroline Bittner |
| 6. *Mother's Maiden Name,* | Grimm |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John Adam Bittner |
| 9. *Father's Occupation,* | Shoemaker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schroeder midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

10312

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
20
1894
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 15th 1894
4. *Place of Birth, (Street and Number)* 71 Ware St
5. *Full Name of Mother* Mary Wheeler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Accomac Court Virginia
8. *Full Name of Father,* James Wheeler
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Balto City

*Name of Medical Attendant,* or other Person who makes this Return Deborah Howard

*Address,* 71 Burgundy Alley

*Remarks,*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1031 6

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st ll

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15th ll
4. Place of Birth, (Street and Number) No 24 Frederick Ave.
5. Full Name of Mother, Mrs Maggie ~~Ritter~~ Hubard.
6. Mother's Maiden Name, Maggie Ritter.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. William Whinchester Hubard.
9. Father's Occupation, Jeweller.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Hiler

Address, No 1017 W. Pratt St.

Remarks, Balto City.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

70314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Color |
| 3. *Date of Birth,* | March 15th 1884 |
| 4. *Place of Birth, (Street and Number)* | № 27 Camel Alley |
| 5. *Full Name of Mother,* | July Waters |
| 6. *Mother's Maiden Name,* | July Smothers |
| 7. *Mother's Birthplace,* | Baltimore City Md |
| 8. *Full Name of Father,* | James Waters |
| 9. *Father's Occupation,* | Driver |
| 10. *Father's Birthplace,* | Washington D. C. |
| *Name of Medical Attendant,* or other Person who makes this Return | Lucy Connist |
| *Address,* | 13 Foden Alley |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

10315

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 21 1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 13th March |
| 4. *Place of Birth, (Street and Number)* | No 3. Dillon st |
| 5. *Full Name of Mother,* | Annie Gray |
| 6. *Mother's Maiden Name,* | Annie Griffith |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Elvin Gray |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs E. Fray |
| *Address,* | No 193. Chester st. |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall happen hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IX E. PIET & CO., CITY PRINTERS AND STATIONERS.

70316

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 15 83
4. *Place of Birth, (Street and Number)* 200 No. Hoofe St
5. *Full Name of Mother,* Annie Hurtt
6. *Mother's Maiden Name,* Annie Steinburger
7. *Mother's Birthplace,* Balt Co
8. *Full Name of Father,* Joseph Hurtt
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balt City

*Name of Medical Attendant,* or other Person who makes this Return J. A. Robinson M.D.

*Address,* 15 Greenmount Av

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth; sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

10317

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 15th 1884
4. *Place of Birth, (Street and Number)* 70 Harrison st.
5. *Full Name of Mother,* Rachel Marks
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mendel Marks
9. *Father's Occupation,*
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other Person who makes this Return Mrs C Bernstein

*Address,* 113 E Lombard st.

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

70318

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 15th 84
4. *Place of Birth, (Street and Number)* # 48 Cross St
5. *Full Name of Mother,* Catharine Brehmer
6. *Mother's Maiden Name,* " Bartman
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* France Brehmer
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Prussia

*Name of Medical Attendant,* or other Person who makes this Return Mary Hroh

*Address,* # 328 S. Eutaw St.

*Remarks,*

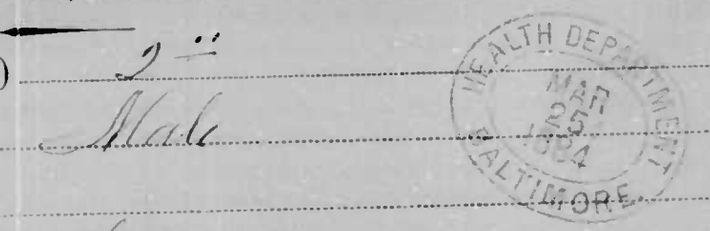
SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70319

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.




No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 12
4. Place of Birth, (Street and Number) 296 E Monument
5. Full Name of Mother, Belle Lysick
6. Mother's Maiden Name, " Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Lysick
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Isabella Weir

Address, 103 E Monument

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70320

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 15th 1884
4. *Place of Birth (Street and Number)* 237 E. Madison
5. *Full Name of Mother* Maggie Duff
6. *Mother's Maiden Name* " Reed
7. *Mother's Birthplace* Washington, D.C.
8. *Full Name of Father* Thomas Duff
9. *Father's Occupation* Market Huckester
10. *Father's Birthplace* City

*Name of Medical Attendant, or other Person who makes this Return.* E. B. Fenby, M.D.

*Address* N. E. Cor Eden & Biddle St

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70321

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 March 1884
4. Place of Birth, (Street and Number) Balto. Jefferson st No 279
5. Full Name of Mother, Mary Hershell
6. Mother's Maiden Name, Mary Dunahaw
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Otta Hershell
9. Father's Occupation, Iron foundry
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopitsch

Address, 69 N. Washington st

Remarks, Mary Kopitsch

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

SECTION 3.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70322

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st child. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 16: 1884. |
| 4. *Place of Birth, (Street and Number)* | 141 Henrietta St. |
| 5. *Full Name of Mother,* | Sophia Koenlein, |
| 6. *Mother's Maiden Name,* | " Reeden, |
| 7. *Mother's Birthplace,* | Balto. City. |
| 8. *Full Name of Father,* | Wm F. Koenlein |
| 9. *Father's Occupation,* | Carter |
| 10. *Father's Birthplace,* | Balto. City. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. H. Tall. M.D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

70323

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 16
4. *Place of Birth, (Street and Number)* Baltimore 272 Cross St
5. *Full Name of Mother,* Johnnette Bernhard
6. *Mother's Maiden Name,* Wolf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Bernhard
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Kaff Munch

*Address,* 1 Leadenhall St

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70324

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, No 20 Horn St.

4. Place of Birth, (Street and Number) March 16th 1884

5. Full Name of Mother, Liza Rolance

6. Mother's Maiden Name, Liza Nicholson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Rolance

9. Father's Occupation, Laborer

10. Father's Birthplace, Frederick

Name of Medical Attendant, or other Person who makes this Return M. A. Butt

Address, 185 Lexington Central av. & Monument St.

Remarks, Well Well

SECTION 4.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70325

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colord
3. Date of Birth, march 16
4. Place of Birth, (Street and Number) 138 lapp st
5. Full Name of Mother, Henrietta wright
6. Mother's Maiden Name, Henrietta Hicks
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, willan wright
9. Father's Occupation, labour
10. Father's Birthplace, tolbert co md

Name of Medical Attendant, or other Person who makes this Return mrs leah johnson

Address, no 14 Edward st

Remarks, delicate child

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 70316

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR. 20 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 Child

1. *Sex (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 16th March, 1884.
4. *Place of Birth, (Street and Number)* No. 11 Woodyear St
5. *Full Name of Mother* Mrs Stocks,
6. *Mother's Maiden Name* " Alice P. Bardley.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Philip C. Stocks.
9. *Father's Occupation* Upholster
10. *Father's Birthplace* Philadelphia.

*Name of Medical Attendant,* or other Person who makes this Return. Jno J. Carroll

*Address* 11 7. Patterson

*Remarks*

70327

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR 20 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16 th 1884
4. Place of Birth, (Street and Number) No 78 Fort av.
5. Full Name of Mother, Emma Monkmeyer
6. Mother's Maiden Name, Lemmert
7. Mother's Birthplace, America
8. Full Name of Father, Henry Monkmeyer
9. Father's Occupation, Barbar
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. Schudarter midwife

Address, 330 Hanover st.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70328

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
20
1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | March 16th 1884. |
| 4. *Place of Birth, (Street and Number)* | No 8 Stemmers Alley |
| 5. *Full Name of Mother,* | Annie. Kelly |
| 6. *Mother's Maiden Name,* | Annie Moran |
| 7. *Mother's Birthplace,* | Ireland. |
| 8. *Full Name of Father,* | Michael. Kelly |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Eliza Flemming |
| *Address,* | No 92 Aberdeen St. (City) |
| *Remarks,* | |

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

GIVEN NAME ADDED 3-10-49

10329

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 23 1924 BALTIMORE

Name: Walter E Carman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th March
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park ave

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

70330

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 23 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 16 Mar 6 68 84
4. *Place of Birth, (Street and Number)* Stephen St & 117
5. *Full Name of Mother,* Mrs Lucien Gelanson
6. *Mother's Maiden Name,* Mrs Dutton
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* Thomas Gehorn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* North Cumberland Co

*Name of Medical Attendant,* or other Person who makes this Return: Dr M Jamie Milson

*Address,* 259 Hunter St

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7032

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* (Col.)
3. *Date of Birth,* March 16th 84
4. *Place of Birth, (Street and Number)* 218 N. Eutaw St.
5. *Full Name of Mother,* Fanie Fisher
6. *Mother's Maiden Name,* " Moore
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Edward H. Fisher
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Va.

*Name of Medical Attendant,* or other Person who makes this Return. T. Barton Bruce

*Address,* 315 N. Charles St.

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

70332

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

APR 6 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 16th 1884 |
| 4. *Place of Birth, (Street and Number)* | Hoffman st between Aisquith & Hanover |
| 5. *Full Name of Mother,* | Lucie Rose |
| 6. *Mother's Maiden Name,* | Slaylor |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | Chs Rose |
| 9. *Father's Occupation,* | Lockman |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return | M. B. Billingslea |
| *Address,* | 264 E. Pholon st |
| *Remarks,* | |

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70333

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ninth 9th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, march 17th 1884
4. Place of Birth, (Street and Number) 331 S. Sharp St
5. Full Name of Mother, Adele Williams
6. Mother's Maiden Name, Adele Proux
7. Mother's Birthplace, Canada
8. Full Name of Father, John Williams
9. Father's Occupation, Glassblower
10. Father's Birthplace, Lockport, Newyork State

Name of Medical Attendant, or other Person who makes this Return Ruth Mimms

Address, 1 Lacadenfall St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

10334

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... Two.

1. Sex, (state whether male or female) ..... Male.
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... on the 17th of March
4. Place of Birth, (Street and Number) ..... No. 376 Saratoga
5. Full Name of Mother, ..... Mrs. Lizzie Colignys
6. Mother's Maiden Name, ..... Miss. Lizzie Miller
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Mr. Charles Colignys
9. Father's Occupation, ..... Cigar Maker.
10. Father's Birthplace, ..... Baltimore

Name of Medical Attendant, or other Person who makes this Return ..... Mrs. Seback

Address, ..... West Prat Street.

Remarks, .....

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70335

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth,* March 17th 1884
4. *Place of Birth, (Street and Number)* No. 55 Short St.
5. *Full Name of Mother,* Lucy Shanon
6. *Mother's Maiden Name,* Lucy Fuhman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. Shanon
9. *Father's Occupation,* —
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return M. A. Butt

*Address,* 185 S.E. cor Centre av. & Monument St.

*Remarks,* H. All Well

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70336

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1894 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 March
4. *Place of Birth, (Street and Number)* 118 Mulliken St
5. *Full Name of Mother,* Alice L. H. Biddison
6. *Mother's Maiden Name,* " " Haber
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Samuel A. Biddison
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Balto County

*Name of Medical Attendant,* or other Person who makes this Return J. J. Lemp.

*Address,* 137 Orleans St

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70337

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 17. 84.
4. Place of Birth, (Street and Number) Fayette st. 496
5. Full Name of Mother, Elisabeth Endes
6. Mother's Maiden Name, Bensel
7. Mother's Birthplace, Balt.
8. Full Name of Father, Heinrich Endes
9. Father's Occupation, Barker
10. Father's Birthplace, Hessen

Name of Medical Attendant, or other Person who makes this Return Mr. Joh. Baubach

Address, S. A. Wolf 14

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70338

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Seventeen March 1884.
4. *Place of Birth, (Street and Number)* 612 W. Fayette
5. *Full Name of Mother,* Dore Schulze
6. *Mother's Maiden Name,* Dore Edel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred H. Schulze
9. *Father's Occupation,* Box maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Anna Dumler.

*Remarks,* ~~D.~~ 60 North Schroeder St.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70639

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Mar. 17/84
4. *Place of Birth, (Street and Number)* E 8th S. Charles
5. *Full Name of Mother,* Sarah J. Shaw
6. *Mother's Maiden Name,* " " Crisp
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Danl. E. Shaw
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* B. C.

*Name of Medical Attendant,* or other Person who makes this Return G. L. Wiss Tim

*Address,* Wm S. Brady.

*Remarks,* Premature birth - 6th month

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70340

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1894 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* 17 March 1894
4. *Place of Birth, (Street and Number)* Catherine Stiles; Church st 78
5. *Full Name of Mother,* and Stiles
6. *Mother's Maiden Name,* Cambridge Md
7. *Mother's Birthplace,*
8. *Full Name of Father,* James Stiles
9. *Father's Occupation,* Engraving
10. *Father's Birthplace,* Cambridge Md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

70341

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 20
1884
BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 17th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 196 Cross st. |
| 5. *Full Name of Mother,* | Caroline Hyde |
| 6. *Mother's Maiden Name,* | Dielman |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Samuel Hyde |
| 9. *Father's Occupation,* | Machinist |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwartz midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

JOHN B. PELT & CO., CITY PRINTERS AND STATIONERS.

70342

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 21 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 Rec 188 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 17th March |
| 4. *Place of Birth, (Street and Number)* | 29 Patterson Av. |
| 5. *Full Name of Mother,* | Mary Hines |
| 6. *Mother's Maiden Name,* | Mary Cadin |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Jonie Hines |
| 9. *Father's Occupation,* | Car Driver |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. E. Spay |
| *Address,* | No. 193 Chester Av. |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7034 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* March 17th 1884
4. *Place of Birth, (Street and Number)* #161 W Lombard st
5. *Full Name of Mother,* Susan Williams
6. *Mother's Maiden Name,* Do Do
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* ———
9. *Father's Occupation,* ———
10. *Father's Birthplace,* ———

*Name of Medical Attendant,* or other Person who makes this Return R. J. Smith Res phy.

*Address,* #161 W. Lombard

*Remarks,*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

703 44

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 to

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March the 17 1884
4. Place of Birth, (Street and Number) S. Dallas St. No 134.
5. Full Name of Mother, Katharine Schubert
6. Mother's Maiden Name, Katharine Fischer
7. Mother's Birthplace, Corn. N. Bayern, Germany
8. Full Name of Father, Jakob Schubert
9. Father's Occupation, Carpet Weaver
10. Father's Birthplace, Corn N. Bayern, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

10345

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 March
4. Place of Birth, (Street and Number) 20 Exeter
5. Full Name of Mother, Alice Cole
6. Mother's Maiden Name, Endosch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis D. Cole
9. Father's Occupation, Police-man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 92 E. Lombard

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

10346

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
1894
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14 1894
4. Place of Birth, (Street and Number) Boston Ave 1137
5. Full Name of Mother, Catherine Price
6. Mother's Maiden Name, Cleary
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Price
9. Father's Occupation, Engineerman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Mckay

Address. No 12 Patterson Park Ave

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

7034-7

HEALTH DEPARTMENT MAR 23 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health:*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third child first Mother |
| 1. *Sex (state whether male or female)* | male |
| 2. *Race or Color (if not of the white race)* | white |
| 3. *Date of Birth* | 17 day of March 1884 |
| 4. *Place of Birth (Street and Number)* | No 97 Wolfe Street |
| 5. *Full Name of Mother* | Mary Magdalena Fisher |
| 6. *Mother's Maiden Name* | Mary Magdalena Kuhn |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | John Fisher |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace* | Bavaria Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. A. Mary Thelen |
| *Address* | No 37 Madeira Alley Balto Md. |
| *Remarks* | |

10348

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH COMMISSIONER MAR 24 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th 84
4. Place of Birth, (Street and Number) # 241 S. Sharp St.
5. Full Name of Mother, Amelia Leibold
6. Mother's Maiden Name, Machet
7. Mother's Birthplace, Kent Co.
8. Full Name of Father, Conrad Leibold
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Krah

Address, # 328 S. Eutaw St.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Ovw

70349

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name of Child: ~~George W.~~ Bellman

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16 17 - 1884
4. *Place of Birth, (Street and Number)* No 43 Burk st
5. *Full Name of Mother,* Mary Bellman
6. *Mother's Maiden Name,* Harington
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrich Bellman
9. *Father's Occupation,* Teamters
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah P Harington

*Address,* No 387 Eastern a d

*Remarks,*

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70350

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1894 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 17. 1884 |
| 4. *Place of Birth, (Street and Number)* | 215 Preston St. |
| 5. *Full Name of Mother,* | Annie Burns |
| 6. *Mother's Maiden Name,* | n Murray |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | William Burns. |
| 9. *Father's Occupation,* | Latherer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Marbury Brown MD |
| *Address,* | 6 & McCulloh St. |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Penalties in the City of Baltimore.*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

10351

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT APR 24 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 10 th /84 |
| 4. *Place of Birth, (Street and Number)* | 173 Lexington |
| 5. *Full Name of Mother,* | Mrs. Jennie Milton |
| 6. *Mother's Maiden Name,* | " Koenig |
| 7. *Mother's Birthplace,* | Balto. md. |
| 8. *Full Name of Father,* | Geo. W. Milton |
| 9. *Father's Occupation,* | China Packer |
| 10. *Father's Birthplace,* | Balto md |
| *Name of Medical Attendant,* or other Person who makes this Return. | T. Chew. Worthington M D |
| *Address,* | No. 373 W Fayette St. |
| *Remarks,* | |

JOHN B. FIET, PRINTER & STATIONER, BALT.

70352

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 24 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 16 1884

4. Place of Birth, (Street and Number) Patterson Park Ave. near Monument

5. Full Name of Mother, Laura R Lewis

6. Mother's Maiden Name, Hale

7. Mother's Birthplace, Maryland

8. Full Name of Father, Chas. H Lewis

9. Father's Occupation, Brass finisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 N Donogh St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child. (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

70350

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colared |
| *3. Date of Birth* | March 17 |
| *4. Place of Birth (Street and Number)* | # 33 Booth st Baltimore |
| *5. Full Name of Mother* | Ida Brown |
| *6. Mother's Maiden Name* | adiline Brown |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Alfred Taylor |
| *9. Father's Occupation* | Oyster shucker |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Medical corner of Fayette schroeda |
| *Address* | |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

70354

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1884 BALTIMORE.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* 17th March 1884.
4. *Place of Birth, (Street and Number)* No Vincent Alley Baltimore Md.
5. *Full Name of Mother,* Rachel Fuller.
6. *Mother's Maiden Name,* " Hawkins.
7. *Mother's Birthplace,* Frederick Co.
8. *Full Name of Father,* Joseph Fuller.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Harford Co.

*Name of Medical Attendant,* or other Person who makes this Return Eliza Foster.

*Address,* 105 Vincent Alley Balt. Md.

*Remarks,*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70355

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR
1884
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth (White)

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Do Little
3. *Date of Birth* March 17th, 1884.
4. *Place of Birth (Street and Number)* 1E. 104 Orleans St.
5. *Full Name of Mother* Mary A. Simpson
6. *Mother's Maiden Name* Mc Taggart
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Francis M. Simpson
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Francis M. Simpson M.D.

*Address* 103 N. Central Avenue.

*Remarks*

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

70356

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 8 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 17 - 1884
4. *Place of Birth, (Street and Number)* 89 S. Spring St.
5. *Full Name of Mother,* Anna S. Ackerman
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* George Ackerman
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace* Phila. Pa.

*Name of Medical Attendant,* or other Person who makes this Return Mary Stein

*Address,* 151 E Pratt St.

*Remarks,*

...an, accoucheur, midwife, or other person in charge, who shall attend, assist or ...urth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...ix days thereafter, stating distinctly the date of birth, sex, and color of the child or children ...n, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...TY PRINTERS AND STATIONERS

70 317

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
31
1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 March 1884
4. Place of Birth, (Street and Number) Balto. Bohemia Court No 4
5. Full Name of Mother, Josephine Klima
6. Mother's Maiden Name, J. Benda
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Fr. Klima
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopriva

Address, 69 N. Washington

Remarks, Mary Kopriva

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & SON, CITY PRINTERS AND STATIONERS.

70358

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, 18 March 1884
4. Place of Birth, (Street and Number) Balto. Wolfe st No 236
5. Full Name of Mother, Mary Kirkel
6. Mother's Maiden Name, Kr. Post
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Kirkle
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 N. Washington

Remarks, Mary Koptish

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

70319

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 March 1884
4. *Place of Birth, (Street and Number)* Balto. Mcelderry st No 52
5. *Full Name of Mother,* Kathirin Thinn
6. *Mother's Maiden Name,* Kath Fisher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mrich Thinn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptish

*Address,* 69 N. Washington st

*Remarks,* Mary Koptish

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

10360

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 March 1884
4. Place of Birth, (Street and Number) Balto. Fayette st No 344
5. Full Name of Mother, N. Gullmer
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Gullmer
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Mary Koplish

Address, 69 N. Washington st

Remarks, Mary Koplish

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70361

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 March
4. *Place of Birth, (Street and Number)* 12 President
5. *Full Name of Mother,* Emila Bon
6. *Mother's Maiden Name,* Willstod
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Bon
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard street

*Remarks,*

...ing the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70062

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18, 1884.
4. Place of Birth, (Street and Number) 102 N. Carrollton Av.
5. Full Name of Mother, Grace O. Cummins.
6. Mother's Maiden Name, - - Wright.
7. Mother's Birthplace, Cincinnati, O.
8. Full Name of Father, James F. Cummins,
9. Father's Occupation, Photographer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return A. H. Erich M. D.

Address, 95 Park ave.

Remarks,

HEALTH DEPARTMENT APR 1 1884 BALTIMORE.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7036 B

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 1 1934 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 18 March 1884 |
| 4. *Place of Birth, (Street and Number)* | 47 Elliott street |
| 5. *Full Name of Mother.* | Mary A Philbin |
| 6. *Mother's Maiden Name,* | Mary A. Daily |
| 7. *Mother's Birthplace,* | Philadelphia Pa |
| 8. *Full Name of Father,* | James Philbin |
| 9. *Father's Occupation,* | Bridge Tender |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Sarah Gullens |
| *Address,* | 104 Curley street |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. J. C DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 70364

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 18th
4. *Place of Birth, (Street and Number)* 178 Pierce St
5. *Full Name of Mother,* Mrs Louisa ~~Dürsch~~ Bayless
6. *Mother's Maiden Name,* Wife " Dürsch
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Mr Walter Bayless
9. *Father's Occupation,* Farmer
10. *Father's Birthplace.* Md

*Name of Medical Attendant,* or other Person who makes this Return H F Hill Md

*Address,* S.W. Cor Edmondson av & Schroeder St

*Remarks,* Mr. B. lives in Harford Co — only here for confi—

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

70365

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixteenth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 12th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 63 Burke St |
| 5. *Full Name of Mother,* | Mrs Sarah E. Funk |
| 6. *Mother's Maiden Name,* | Miss Sarah E. Fillingham |
| 7. *Mother's Birthplace,* | Harford County |
| 8. *Full Name of Father,* | Peter Funk |
| 9. *Father's Occupation,* | Iron worker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Rachel A. Garrett |
| *Address,* | No 65 Burke St |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, [illegible] thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70366

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) ~~Male~~ Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18/84
4. Place of Birth, (Street and Number) 11 Low St
5. Full Name of Mother, Annie Friedman
6. Mother's Maiden Name, Annie Brager
7. Mother's Birthplace, Russia
8. Full Name of Father, Saml Friedman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Justman

Address, 6 Broad Alley

Remarks,

Correct Record of Vital Statistics in the City of Baltimore.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70367

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 18th 1884
4. *Place of Birth, (Street and Number)* 8 Bond St
5. *Full Name of Mother,* Julia Kelly Julia Kelly
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Anne Arundle County Md
8. *Full Name of Father,* William Kelly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* St Marys Co Md

*Name of Medical Attendant,* or other Person who makes this Return Deborah Thomas

*Address,* 71 Burgundy Alley

*Remarks,*

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70568

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 18 of March 1884 |
| 4. *Place of Birth, (Street and Number)* | No 101 Orleans Street |
| 5. *Full Name of Mother,* | Gertrude Tochterman |
| 6. *Mother's Maiden Name,* | Gertrude Shrubberg |
| 7. *Mother's Birthplace,* | York Pa. |
| 8. *Full Name of Father,* | John Tochterman |
| 9. *Father's Occupation,* | Cigar Maker |
| 10. *Father's Birthplace.* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Sauer |
| *Address,* | 173 Harford Ave |
| *Remarks,* | Baltimore Md. 1884. |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 70369

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* Fourth

1. *Sex (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 18th 1884
4. *Place of Birth, (Street and Number)* 6 N. Washington St
5. *Full Name of Mother* Sarah Elizabeth Davis
6. *Mother's Maiden Name* Sarah E. Price
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* John Henry Davis
9. *Father's Occupation* Pilot
10. *Father's Birthplace* Baltimore City Md

*Name of Medical Attendant, or other Person who makes this Return.* Nicholas L. Dashiell, Sr.

*Address* 207 N. Broadway

*Remarks*

# RETURN OF A BIRTH 70370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18/84
4. *Place of Birth, (Street and Number)* 127 Font ave
5. *Full Name of Mother,* Catherine E. Manley
6. *Mother's Maiden Name,* " " " Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank A. Manley
9. *Father's Occupation,* Fresh Fish Dealer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return

*Address,*

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70371

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 21 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 18, |
| 4. *Place of Birth, (Street and Number)* | ~~4 Stolle St.~~ 4 Stolle St. |
| 5. *Full Name of Mother,* | Julia O'Brian |
| 6. *Mother's Maiden Name,* | " McCloskey |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | James O'Brian |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr Mason |
| *Address,* | 119 W Monument St. |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Correct Record of Vital Statistics in the City of Baltimore.*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7037

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

*No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1st Child

1. *Sex,* (*state whether* ~~male or~~ *female*)
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* March 4th, 1884.
4. *Place of Birth,* (*Street and Number*) Orleans St. N° 134.
5. *Full Name of Mother,* Maggie Marshall
6. *Mother's Maiden Name,* Maggie Keipke
7. *Mother's Birthplace,* Balto County
8. *Full Name of Father,* Jim Marshall
9. *Father's Occupation,* Sea man
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Miller

*Address,* 1 Dallas St. N° 26

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

703-13

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Mar. 18 - '84
4. Place of Birth, (Street and Number) "8 F. Alley
5. Full Name of Mother, Mary Wilson
6. Mother's Maiden Name,
7. Mother's Birthplace, Harford Co. Md
8. Full Name of Father, John Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, J. E. Urquhart, M. D.

Address, Gilmor & Lafayette Av.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

70374

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 23 1924
BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th
4. Place of Birth, (Street and Number) 239 Light St
5. Full Name of Mother, Henrietta Armstrong
6. Mother's Maiden Name, " Dunnidell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. D Armstrong
9. Father's Occupation, Longshoreman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cook M.D.

Address, 146 Hanover St

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70375

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 18th
4. *Place of Birth, (Street and Number)* 81 S. Mount St.
5. *Full Name of Mother,* Maggie. Mason.
6. *Mother's Maiden Name,* Magie. Ennis.
7. *Mother's Birthplace,* Balti City.
8. *Full Name of Father,* William Mason.
9. *Father's Occupation,* Moulder.
10. *Father's Birthplace,* Dorchester Co Md

*Name of Medical Attendant,* or other Person who makes this Return Norman F Hill M.D.

*Address.* 17. N. Calhoun St

*Remarks,*

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70376

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 18th 1884 |
| 4. *Place of Birth, (Street and Number)* | 74 Henrietta St |
| 5. *Full Name of Mother,* | Martha Jackson |
| 6. *Mother's Maiden Name,* | Martha Atwell, |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George Jackson |
| 9. *Father's Occupation,* | Mechanic |
| 10. *Father's Birthplace,* | Va |
| *Name of Medical Attendant,* or other Person who makes this Return | H. B. Noble, M.D. |
| *Address,* | 50 Wane av |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70377

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16 = 1884
4. *Place of Birth, (Street and Number)* No 144 Chappel st
5. *Full Name of Mother,* Margit barns
6. *Mother's Maiden Name,* Drexel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William barns
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return Sarah T Harington

*Address,* No 387 Eastern av.

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70378

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | March 18th |
| 4. *Place of Birth, (Street and Number)* | 87 Richmond St |
| 5. *Full Name of Mother,* | Elizabeth Pasco |
| 6. *Mother's Maiden Name,* | Diggs |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Louis Pasco |
| 9. *Father's Occupation,* | Waiter |
| 10. *Father's Birthplace,* | Driver Co. |
| *Name of Medical Attendant,* or other Person who makes this Return | Alice Johnson |
| *Address,* | 94 Fagan Street |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her supervision during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. B. PIET & CO., CITY PRINTERS AND STATIONERS.

70379

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March ~~16~~ 18 – 1884
4. Place of Birth, (Street and Number) No 166 N Washington St
5. Full Name of Mother, Mary A. Merrett
6. Mother's Maiden Name, " " Beatty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Merrett
9. Father's Occupation, Engineer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McLonogh st

Remarks,

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

70382

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th. 1884
4. Place of Birth, (Street and Number) No 345 Washington St
5. Full Name of Mother, Matilda Hollester
6. Mother's Maiden Name, " Heins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Stein
9. Father's Occupation, Contractor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return H. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70381

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*Correct Return of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT APR 10 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 15, 1884 |
| 4. *Place of Birth, (Street and Number)* | 154 N. Stricker |
| 5. *Full Name of Mother,* | Kate E. Smith |
| 6. *Mother's Maiden Name,* | Dyott |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Rufus F. Smith |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Wm Hook |
| *Address,* | 322 Hollins st |
| *Remarks,* | |

W. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

10382

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR. 31 1894
BALTIMORE

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | March 14/94 |
| 4. *Place of Birth, (Street and Number)* | 1 Hill St |
| 5. *Full Name of Mother,* | Josephine Schmidt |
| 6. *Mother's Maiden Name,* | Decker |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Patrick Schmidt |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louise Kraft |
| *Address,* | 236 Canton Ave |
| *Remarks,* | |

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

70388

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 19th 1884

4. Place of Birth, (Street and Number) No 158 S Bethel st

5. Full Name of Mother, Kate Huber

6. Mother's Maiden Name, " Luther

7. Mother's Birthplace, City

8. Full Name of Father, Henry Huber

9. Father's Occupation, Cooper

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Berg

Address, 120 Bank st

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to, a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

10387

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. March 19th 1884
4. Place of Birth, (Street and Number) 148 Castle st
5. Full Name of Mother. Minnie Yost
6. Mother's Maiden Name, " Koenigsamen
7. Mother's Birthplace, City
8. Full Name of Father, Conrad Yost
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Baty

Address. 128 Bank st.

Remarks.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70385

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 child

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1st March
4. *Place of Birth, (Street and Number)* Bidle Street
5. *Full Name of Mother,* Barbe Thome
6. *Mother's Maiden Name,* = Schagenhaft
7. *Mother's Birthplace,* Forch Pa.
8. *Full Name of Father,* Nicolas Thoma
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Anna Walter

*Address,* 239 E Eager

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. FIET & CO., CITY PRINTERS AND STATIONERS.

70386

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4 6

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 19. 84.
4. Place of Birth, (Street and Number) South Wolfstr No
5. Full Name of Mother, Mary Meier
6. Mother's Maiden Name, Reiber
7. Mother's Birthplace, Westphalia
8. Full Name of Father, Nikolaus Meier
9. Father's Occupation, Ingenier
10. Father's Birthplace, Westphalia

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Baubach

Address, S. Wolfstr No 14

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN E. PIET & CO., CITY PRINTERS AND STATIONERS.

10387

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 20 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 19th 1894
4. Place of Birth, (Street and Number) 123 Mosher
5. Full Name of Mother, Laura J. Cook
6. Mother's Maiden Name, Ecton
7. Mother's Birthplace, Maryland
8. Full Name of Father, Fred. Cook
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D. 831 Penn Av. Cor. Mosher

Address,

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

...of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70388

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W
3. Date of Birth ~~4 St Eutaw Place~~ March 19th 1884
4. Place of Birth (Street and Number) Eutaw Place 451
5. Full Name of Mother Emma S Gettings
6. Mother's Maiden Name Emma S List
7. Mother's Birthplace Wheeling W Va
8. Full Name of Father James S Gettings
9. Father's Occupation Merchant
10. Father's Birthplace Long Green Balt Co

Name of Medical Attendant, or other Person who makes this Return. Thos F Murdock MD

Address 81 Read St

Remarks

# RETURN OF A BIRTH

70319

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR 20 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 19th of March 1884.
4. *Place of Birth, (Street and Number)* Cor. B. Wolf and Fayette.
5. *Full Name of Mother,* Josephpina Selmeier
6. *Mother's Maiden Name,* Josephina Baker.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Baker.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel

*Address,* 71 North Chapel street per Justina Kunkel

*Remarks,* Health.

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her [illegible] during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, [illegible] any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70389

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child.

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 19th of March 1884.
4. *Place of Birth, (Street and Number)* Cor. B Wolf and Fayette.
5. *Full Name of Mother,* Josephpina Selmeier
6. *Mother's Maiden Name,* Josephina Baker.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Baker.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel

*Address,* 71 North Chapel street per Justina Kunkel

*Remarks,* Health.

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 70390

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth* | March 19th 1884. |
| 4. *Place of Birth, (Street and Number)* | 133 Aisquith St. |
| 5. *Full Name of Mother* | Mollie Billingsley |
| 6. *Mother's Maiden Name* | " Nichols |
| 7. *Mother's Birthplace* | South Carolina |
| 8. *Full Name of Father* | John Billingsley |
| 9. *Father's Occupation* | Dry Goods Clerk |
| 10. *Father's Birthplace* | Baltimore County Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | D W Cathell MD |
| *Address* | 2 N Broadway |
| *Remarks* | |

# RETURN OF A BIRTH

7039

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 7th. March 20th 1894

1. *Sex,* (state whether male or female) Female.
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* March 19th 1894.
4. *Place of Birth,* (Street and Number) 105 Chapple St.
5. *Full Name of Mother,* Mary Bramblett.
6. *Mother's Maiden Name,* Mary Roberts.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Ben Bramblett
9. *Father's Occupation,* Bricklayer.
10. *Father's Birthplace,* Indiana.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Mary Amend.

*Address,* No. 137 S. Wolfe St.

*Remarks.*

MAR 20 1894 BALTIMORE

**Record of Births.**—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name and occupation of the parents, the day and any name shall have been conferred, the full name and occupation of its parents, the day and place of its birth, and the sex, color, and number (if any) of such child (if certificate, between the first and third day of each and every month to the Board of Health. In the form of a birth of any child be delivered, duly signed by the practitioner, or the Board of Health. In case the should no other person be in attendance upon the mother, immediately thereafter take place, or the Commissioner of Health, or a physician, or a practitioner of midwifery, or duty of any child shall occur without the attendance of such physician or practitioner, the full name and occupation of the parent or parents of such child (if within the period above required, except in the cases of the births of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name and occupation of the parents, the day and any name shall have been conferred, the full name and occupation of its parents, the day and place of its birth, and the sex, color, and number (if any) of such child (if certificate, between the first and third day of each and every month to the Board of Health. In the form of a birth of any child be delivered, duly signed by the practitioner, or the Board of Health. In case the should no other person be in attendance upon the mother, immediately thereafter take place, or the Commissioner of Health, or a physician, or a practitioner of midwifery, or duty of any child shall occur without the attendance of such physician or practitioner, the full name and occupation of the parent or parents of such child (if within the period above required, except in the cases of the births of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

10392

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19th of March 1884

4. Place of Birth, (Street and Number) 326 East Oliver Street

5. Full Name of Mother, Julie Heck

6. Mother's Maiden Name, Julie Pents Single

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joe Pents

9. Father's Occupation, Agent

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 11 North Chapel st. per Justina Kunkel

Remarks, Healthy

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN C. POET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

76393

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Mch 19th

4. Place of Birth, (Street and Number) 16 Randall st

5. Full Name of Mother, Kate Owens

6. Mother's Maiden Name, Kate Hessler

7. Mother's Birthplace, Md

8. Full Name of Father, Wm Owens

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J Mason Huntley M D

Address, 52 Edmondson ave

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

103911

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Femal |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 19 March 1884 |
| 4. *Place of Birth, (Street and Number)* | Pappleton St 34 |
| 5. *Full Name of Mother,* | Catsen Miller |
| 6. *Mother's Maiden Name,* | Kerigan Hafer |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Miller |
| 9. *Father's Occupation,* | Carpen |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return* | Susan Hunter |
| *Address,* | 21 No Pappleton St |
| *Remarks,* | |

HEALTH DEPARTMENT JAN 22 1921 BALTIMORE

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7039

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Light Complexion
3. Date of Birth, March 19th 1884
4. Place of Birth, (Street and Number) 67 Hargrove Al
5. Full Name of Mother. Mary Murphey
6. Mother's Maiden Name, " Gaines
7. Mother's Birthplace, Ireland
8. Full Name of Father, Moses Gaines
9. Father's Occupation, Coachman
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Amelia Johnson

Address, 6 Hamilton St

Remarks,

... PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Male, |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 19. 1884, |
| 4. *Place of Birth, (Street and Number)* | 259 S. Carey St. |
| 5. *Full Name of Mother,* | Belle Rusk, |
| 6. *Mother's Maiden Name,* | Belle Adams, |
| 7. *Mother's Birthplace,* | Balt. Md. |
| 8. *Full Name of Father,* | Harry Stelle Rusk, |
| 9. *Father's Occupation,* | Att'y at Law, |
| 10. *Father's Birthplace,* | Balt. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | G. Glanville, Rusk M.D. |
| *Address,* | 392 E. Balt. St. |
| *Remarks,* | Natural |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Correct Record of Vital Statistics in the City of Baltimore.*

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70397

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 19th 1884
4. *Place of Birth, (Street and Number)* No 13 Greens court
5. *Full Name of Mother,* Alberta Baily
6. *Mother's Maiden Name,* Alberta Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Baily
9. *Father's Occupation,* Painter
10. *Father's Birthplace.* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary E Anderson

*Address,* No 10 Rhys street

*Remarks,*

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED. 10-10-56

70898

# RETURN OF A BIRTH

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Mary Garnet Arnold

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex,* (state whether male or female) Female

2. *Race or Color,* (if not of the white race)

3. *Date of Birth,* Mar. 19. 1884.

4. *Place of Birth,* (Street and Number) 710 N. Charles.

5. *Full Name of Mother,* Laura Arnold

6. *Mother's Maiden Name,* " Albert.

7. *Mother's Birthplace,* Prince Geo. Co, Md.

8. *Full Name of Father,* Jno. H. Arnold.

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Baltimore, Md.

*Name of Medical Attendant,* or other Person who makes this Return A. Edw. Janney, M.D.

*Address,* 342 N. Eutaw St.

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | March 19th |
| 4. *Place of Birth, (Street and Number)* | 1013 Greenmillon Street |
| 5. *Full Name of Mother,* | Columbia S. Hughes |
| 6. *Mother's Maiden Name,* | " " " " Johnson |
| 7. *Mother's Birthplace,* | King Wm Co. Va |
| 8. *Full Name of Father,* | Sanford R. Hughes |
| 9. *Father's Occupation,* | Janitor |
| 10. *Father's Birthplace,* | Richmond Va |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Annie Johnson |
| *Address,* | 9 d Fayn Street |
| *Remarks,* | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70400

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Birth |
| 1. *Sex, (state whether male or female)* | female and male. |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 19 März |
| 4. *Place of Birth, (Street and Number)* | Matarestr. No 2 |
| 5. *Full Name of Mother,* | Margaretha Mabel |
| 6. *Mother's Maiden Name,* | " " Weber |
| 7. *Mother's Birthplace,* | Haestadt – Baiern |
| 8. *Full Name of Father,* | Dominikus Mabel |
| 9. *Father's Occupation,* | Stiefeler |
| 10. *Father's Birthplace,* | Staudenberg – Baiern |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs. Maurer |
| *Remarks,* | Lombardstreet No 278 |

HEALTH DEPART... APR 1934 BALTIMORE

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7040

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
31
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 March 1884
4. Place of Birth, (Street and Number) Balto. No 54 Durham
5. Full Name of Mother, Mattie Laahs
6. Mother's Maiden Name, M. Lisle
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas. Laahs.
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Kopitsch

Address, 69 N. Washington st

Remarks, Mary Kopitsch

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

JOHN P. POET & CO., CITY PRINTERS AND STATIONERS.

70402

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR 18
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March the 20th
4. *Place of Birth, (Street and Number)* Welcom Alley no 8
5. *Full Name of Mother,* Kittyann Fullman
6. *Mother's Maiden Name,* Richison
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Isaac Fullman
9. *Father's Occupation,* Single
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Howard St

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-26-29

70403

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Fredrika Josephine Wilson

HEALTH DEPARTMENT MAR 31 1924 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 20 '24 |
| 4. *Place of Birth, (Street and Number)* | 35 Caroline St. |
| 5. *Full Name of Mother,* | Hanna Wilson |
| 6. *Mother's Maiden Name,* | Jonsson |
| 7. *Mother's Birthplace,* | Schweden |
| 8. *Full Name of Father.* | John Wilson |
| 9. *Father's Occupation,* | Seaman |
| 10. *Father's Birthplace,* | Schweden |
| *Name of Medical Attendant,* or other Person who makes this Return | Miss Louise Kraft |
| *Address,* | 236 Carlton Ave |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70404

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20th 1884
4. *Place of Birth, (Street and Number)* 12 Patterson Park Av
5. *Full Name of Mother,* Amelia G Sommers
6. *Mother's Maiden Name,* Wiley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benny Sommers
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Wiley

*Address,* No 12 Patterson Park Av

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70401

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 20th 1884
4. *Place of Birth, (Street and Number)* No 142 Chesapeake st.
5. *Full Name of Mother,* Mary Kaiser
6. *Mother's Maiden Name,* " Wanneker
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Wm Kaiser
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Betz

*Address,* 120 Bank st

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70406

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 8 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 20th of March |
| 4. *Place of Birth, (Street and Number)* | Baltimore City. 235 Lemon St. |
| 5. *Full Name of Mother,* | Louise Cramer |
| 6. *Mother's Maiden Name,* | Louise Schwar |
| 7. *Mother's Birthplace,* | New York |
| 8. *Full Name of Father,* | Peter Cramer |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Seebock |
| *Address,* | 439 West Pratt st. |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Record of Vital Statistics of the City of Baltimore.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70407

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 21 1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 20 of March 1884 |
| 4. *Place of Birth, (Street and Number)* | No 189 Constitution Street |
| 5. *Full Name of Mother,* | Annie Finaty |
| 6. *Mother's Maiden Name,* | Annie Langantin |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Barney Finaty |
| 9. *Father's Occupation,* | Officer |
| 10. *Father's Birthplace.* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Lanes |
| *Address,* | 173 Hanover Ave |
| *Remarks,* | Baltimore Md. 1884 |

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

10408

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th of March 1884.
4. *Place of Birth, (Street and Number)* 545 East Fayette Street.
5. *Full Name of Mother,* Anna Dickmen.
6. *Mother's Maiden Name,* Anna Sullivan.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Sullivan.
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kimbel

*Address,* 77 North Chapel st. per Justina Kimbel

*Remarks,* Healthy.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

10409

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 22 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Mar 20 1884 |
| 4. *Place of Birth, (Street and Number)* | 54 Stirrup St |
| 5. *Full Name of Mother,* | Georgia Haines |
| 6. *Mother's Maiden Name,* | G Small |
| 7. *Mother's Birthplace,* | Washington D C |
| 8. *Full Name of Father,* | Geo A Haines |
| 9. *Father's Occupation,* | Machinist |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Geo R Graham |
| *Address,* | 138 Columbia Ave |
| *Remarks,* | |

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

10410

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One & Last

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, March 21, 1884

4. Place of Birth, (Street and Number) 9 Strieker St

5. Full Name of Mother,

6. Mother's Maiden Name, Annie Gilbert

7. Mother's Birthplace, Baltimore

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Lucinda Woodford

Address, 130 N Regester St

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Records of Vital Statistics in the City of Baltimore.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70411

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 22 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male ~~or Female~~)
2. Race ~~or Color (if not of the~~ white race)
3. Date of Birth March 20th 1884.
4. Place of Birth (Street and Number) No 281 Moscher St
5. Full Name of Mother Clara I Meikle.
6. Mother's Maiden Name " " Looker.
7. Mother's Birthplace New York.
8. Full Name of Father James Meikle.
9. Father's Occupation Salesman.
10. Father's Birthplace Scotland.

Name of Medical Attendant, or other Person who makes this Return. J Ridgway Andre M D

Address No 121 E. Balto St,

Remarks

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

70412

To the Office of Registrar of Vital Statistics, Board of Health,
**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 23 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex (state whether Male or ~~Female~~)

2. ~~Race or Color (if not of the white race)~~

3. Date of Birth 20th of March

4. Place of Birth (Street and Number) B Caroline Street

5. Full Name of Mother miss Louis Bremer

6. Mother's Maiden Name Mary Schultz

7. Mother's Birthplace west Prucheim Germaney

8. Full Name of Father Henery Bremer

9. Father's Occupation Labor

10. Father's Birthplace Germaney

Name of Medical Attendant, or other Person who makes this Return. Dr. Frederick Stierner

Address No. 214 South Bond Street Baltimore Md

Remarks —

**Feel Records of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7041 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

March 22nd, 1884

RECEIVED
MAR
24
1884
REGISTRAR'S OFFICE
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 20th 1884.
4. Place of Birth, (Street and Number) 7 Castle St.
5. Full Name of Mother, Kunigunda Krebs.
6. Mother's Maiden Name, Kunigunda Kuppert
7. Mother's Birthplace, Germany.
8. Full Name of Father, Jacob Krebs.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Smead.

Address, No. 137 S. Wolfe St.

Remarks, (M)

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Record of Vital Statistics in the City of Baltimore.

JOHN P. FEET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

10414

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second chd

1. *Sex (state whether ~~male~~ or female)*

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth* March 26 1884

4. *Place of Birth, (Street and Number)* N° 162 N Calvert st

5. *Full Name of Mother* Fanny Winters

6. *Mother's Maiden Name* Fanny Maynadier

7. *Mother's Birthplace* Balto Md

8. *Full Name of Father* Wm S Winters

9. *Father's Occupation* Res R Road

10. *Father's Birthplace* Hartford Co

*Name of Medical Attendant, or other Person who makes this Return.* J H Patterson MD

*Address* 25 Franklin "

*Remarks*

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

70415

HEALTH DEPARTMENT APR 23 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 20/84
4. *Place of Birth, (Street and Number)* 148 Ensor St
5. *Full Name of Mother* Emma Noon
6. *Mother's Maiden Name* " M Williams
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John Noon
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Edward P McDevitt

*Address* 54 Aisquith St

*Remarks*

Fou 16

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the, fourth.

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20 March
4. *Place of Birth, (Street and Number)* No 11 new street.
5. *Full Name of Mother,* Wilber Kemmet
6. *Mother's Maiden Name,* Wilber Whiteflock
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* George Kemmet
9. *Father's Occupation,* Taylor, by trate
10. *Father's Birthplace.* Germany. Williamsdorf

*Name of Medical Attendant,* or other Person who makes this Return

*Address.* Mrs Dunder.

*Remarks,* ac Voth. Schroeder. St.

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 10117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 20 March 1884
4. *Place of Birth, (Street and Number)* Howard St No 131
5. *Full Name of Mother,* J
6. *Mother's Maiden Name,* Janey Thomas
7. *Mother's Birthplace,* Westminister
8. *Full Name of Father,* William Johnson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimor City

*Name of Medical Attendant,* or other Person who makes this Return Harian Hudson

*Address,* No 37 Walnut alley

*Remarks,* Dwnd and healthy

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Correct Record of Vital Statistics in the City of Baltimore.*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70418

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* This is the Sixteenth Child

1. *Sex, (state whether male or female)* a mail Child
2. *Race or Color, (if not of the white race)* Color race
3. *Date of Birth,* born on the twenty of March
4. *Place of Birth, (Street and Number)* No 50 vine Steet
5. *Full Name of Mother,* Sarah Johns
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Comber land vaginia
8. *Full Name of Father,* Henry Johns
9. *Father's Occupation,* Poster at Camden = staton
10. *Father's Birthplace,* vaginnia

*Name of Medical Attendant,* or other Person who makes this Return Mary Primrose

*Address,* No 51 Dover Street

*Remarks,* She i giting a long veary well

Yours respectfuly Mary Primrose

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

70419

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20/84
4. *Place of Birth, (Street and Number)* 162 Scott St
5. *Full Name of Mother,* Lavinia McIntire
6. *Mother's Maiden Name,* — Hagan
7. *Mother's Birthplace,* City
8. *Full Name of Father,* M J McIntire
9. *Father's Occupation,*
10. *Father's Birthplace,* Balto Co

*Name of Medical Attendant,* or other Person who makes this Return Jno D Blake MD

*Address,* 158 S Paca St

*Remarks,*

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
29
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 21st March 1884 |
| 4. *Place of Birth, (Street and Number)* | # 5 Kirby Lane |
| 5. *Full Name of Mother,* | Mary Elisibeth Wambach |
| 6. *Mother's Maiden Name,* | " " Tenley |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Louis Emil Wambach |
| 9. *Father's Occupation,* | Japanner |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Susan Hunter |
| *Address,* | 21 E Biddle St |
| *Remarks,* | |

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

701/21

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 March 1894
4. *Place of Birth, (Street and Number)* Balto. Jefferson st No 251
5. *Full Name of Mother,* Anna Smashova
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* ~
9. *Father's Occupation,* ~
10. *Father's Birthplace,* ~

*Name of Medical Attendant,* or other Person who makes this Return Mary Klopfish

*Address,* 69 N. Washington st

*Remarks,* Mary Klopfish

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Record of Vital Statistics in the City of Baltimore.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70422

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 March 1884
4. Place of Birth, (Street and Number) Balto. N Wolf st No 107
5. Full Name of Mother, Mary Dennis
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Dennis
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Kopitsch

Address, 69 N Washington St

Remarks, Mary Kopitsch

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

T0423

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* March 21/94
4. *Place of Birth, (Street and Number)* 161 Bethel St
5. *Full Name of Mother,* Ida McCord
6. *Mother's Maiden Name,* Wolt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William McCord
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Louise Kraft

*Address,* 236 Canton Ave

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

10424

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st 1884
4. *Place of Birth, (Street and Number)* 71 Woodyear St
5. *Full Name of Mother,* Ella Smith
6. *Mother's Maiden Name,* Ella Reiter
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Smith
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A Messersmith

*Address,* 345 Penna ave

*Remarks,*

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70425

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children."

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th Child |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 21st 1884 |
| 4. *Place of Birth, (Street and Number)* | 1721 N. Bethel St. |
| 5. *Full Name of Mother,* | Mary Gallagher. |
| 6. *Mother's Maiden Name,* | Considine |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Thomas Gallagher. |
| 9. *Father's Occupation,* | Hostler. |
| 10. *Father's Birthplace,* | Ireland. |
| *Name of Medical Attendant,* or other Person who makes this Return | Anna Lindauer |
| *Address,* | No. 75 S. Monroe St. |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70426

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 21st
4. *Place of Birth, (Street and Number)* 268 Ramsay st.
5. *Full Name of Mother,* Barbara Gill
6. *Mother's Maiden Name,* " Galvin
7. *Mother's Birthplace,* Ellesville Howard County
8. *Full Name of Father,* Charles Gill
9. *Father's Occupation,* Cotton factory hand
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return M. J. Lemon

*Address,* 36 Frederick Ave

*Remarks,* Strong hearty child (not named)

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21st 1894
4. Place of Birth, (Street and Number) Lemmon Court 108
5. Full Name of Mother, Elizabeth Hook
6. Mother's Maiden Name, " Kaan
7. Mother's Birthplace, Germany
8. Full Name of Father, Samuel K. Hook
9. Father's Occupation, Bottle maker
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return H. J. Lemmon

Address, 36 Frederick ave

Remarks, Healthy child (not named)

JOHN P. FEET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7042 8

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth (5th) |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 21st 1884 |
| 4. *Place of Birth, (Street and Number)* | 55 Harford Ave |
| 5. *Full Name of Mother,* | Margaret Thomas |
| 6. *Mother's Maiden Name,* | " Evans |
| 7. *Mother's Birthplace,* | New York |
| 8. *Full Name of Father,* | Robert Thomas |
| 9. *Father's Occupation,* | Brakeman |
| 10. *Father's Birthplace.* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return | Virginia A Winkler |
| *Address,* | 186 Harford Ave |
| *Remarks,* | |

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Tot 29

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 st |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Friday March 21 st |
| 4. *Place of Birth, (Street and Number)* | No. 80 Boyde Street |
| 5. *Full Name of Mother,* | Joanna Woulfe |
| 6. *Mother's Maiden Name,* | Joanna Roche |
| 7. *Mother's Birthplace,* | Meenoline : Co. Limerick : Ireland |
| 8. *Full Name of Father,* | James Woulfe |
| 9. *Father's Occupation,* | Laborer : Ireland |
| 10. *Father's Birthplace,* | Crataloe : West Athee. Co Limerick |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Peabock |
| *Address,* | 439 : West Prat. Street |
| *Remarks,* | |

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70430

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* March 21/84
4. *Place of Birth, (Street and Number)* 324 S. Ann Str
5. *Full Name of Mother,* Margaretha Stein
6. *Mother's Maiden Name,* Stricker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robert Stein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs L Kraft

*Address,* 236 Canton Ave

*Remarks,*

### *Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70431

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* 4

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 21. 84.
4. *Place of Birth, (Street and Number)* S. Schappelstr No 4
5. *Full Name of Mother,* Katharina Bother
6. *Mother's Maiden Name,* Decker
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Bother
9. *Father's Occupation,* Schohmaker
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return Wm. Joh. Raubach

*Address,* S. Wolf 14

*Remarks,*

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. FIET & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

701/32

HEALTH DEPARTMENT APR 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st child

1. *Sex (state whether male or ~~female~~)*

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth* March 21 1884

4. *Place of Birth, (Street and Number)* No 96 Lee st

5. *Full Name of Mother* Mary Lyons

6. *Mother's Maiden Name* Mary Brick

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Wm Lyons

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. J D Latimer M D

*Address* 25 Franklin "

*Remarks*

704/33

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether ~~male~~ or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* March 21, 84.
4. *Place of Birth, (Street and Number)* U. Schappel str 112
5. *Full Name of Mother,* Barbara Roeslein
6. *Mother's Maiden Name,* Scharold
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Joseph Roeslein
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Raubach

*Address,* S Wolf 14

*Remarks,* .....

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7/04/31

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex (state whether male or ~~female~~)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | 1 a.m. 21st March, 1881 |
| 4. *Place of Birth (Street and Number)* | 167 Madison avenue, Baltimore |
| 5. *Full Name of Mother* | Ida Elizabeth Maloney |
| 6. *Mother's Maiden Name* | Ida Elizabeth Hess |
| 7. *Mother's Birthplace* | Baltimore City, Maryland |
| 8. *Full Name of Father* | Daniel Ambrose Maloney |
| 9. *Father's Occupation* | Cigar Merchant |
| 10. *Father's Birthplace* | Baltimore City, Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm. J. Howard M.D. |
| *Address* | 236 N. Howard St |
| *Remarks* | |

# RETURN OF A BIRTH

70438

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

RECEIVED
APR 22 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 21 of March 1884 |
| 4. *Place of Birth, (Street and Number)* | No 264 Chase Street |
| 5. *Full Name of Mother,* | Sarah Oberle |
| 6. *Mother's Maiden Name,* | Sarah Kinist |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Seraphin Oberle |
| 9. *Father's Occupation,* | Shoemaker |
| 10. *Father's Birthplace.* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Lauer |
| *Address,* | 173 Stanford Ave |
| *Remarks,* | Baltimore Md. |
| | 1884 |

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70436

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d born |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | March 21. 1884. 4. P.M. |
| 4. *Place of Birth, (Street and Number)* | E. N. Arlington ave. |
| 5. *Full Name of Mother,* | Annie Kaiser |
| 6. *Mother's Maiden Name,* | Annie Keaser |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Henry Kaiser |
| 9. *Father's Occupation,* | Photographer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | C. H. Larrimore M.D. |
| *Address,* | |
| *Remarks,* | Placenta previa / Child living / |

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

10437

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 the

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of March
4. *Place of Birth, (Street and Number)* 57 Louisian Street
5. *Full Name of Mother,* Mary Wachter
6. *Mother's Maiden Name,* = Betz
7. *Mother's Birthplace,* Rothen Kirchen (Bavaria)
8. *Full Name of Father,* Michael Wachter
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* Brefig Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Mrs G. Bohnken

*Address,* 54 Essex St.

*Remarks,*

---

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70438

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* march 21 1884
4. *Place of Birth, (Street and Number)* no 16 Bradford alley
5. *Full Name of Mother,* annie milburn
6. *Mother's Maiden Name,* annie wilson
7. *Mother's Birthplace,* baltimore city
8. *Full Name of Father,* David milburn
9. *Father's Occupation,* Drudger
10. *Father's Birthplace,* leals iland

*Name of Medical Attendant,* or other Person who makes this Return Ffeneth glascow

*Address.* mc elderry street extenderd

*Remarks.*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Jan 39

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 25 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Febuary 21
4. Place of Birth, (Street and Number) 82 Wolf St
5. Full Name of Mother, Matilda Miller
6. Mother's Maiden Name, Zinkand
7. Mother's Birthplace, Hagerstown
8. Full Name of Father, John Miller
9. Father's Occupation, Dairy
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Isabella Clark

Address, 183 N Eden st

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70440

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March 21st 1884
4. *Place of Birth, (Street and Number)* 4 Vine street
5. *Full Name of Mother,* Annie Henson
6. *Mother's Maiden Name,* Annie Hall
7. *Mother's Birthplace,* Brooklen newyork
8. *Full Name of Father,* Charles Henson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Cambridge md

*Name of Medical Attendant,* or other Person who makes this Return Mary ann dorsey

*Address.* 64 Elbow lane

*Remarks.* five dollars

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7021411

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 26 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* March the 21 st
4. *Place of Birth, (Street and Number)* Baltimore Cookery st No 1 Me
5. *Full Name of Mother,* Ellen williames
6. *Mother's Maiden Name,* mayle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John williames
9. *Father's Occupation,* Labarer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Elizabeth Heathcorn

*Address,* william st No 324

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

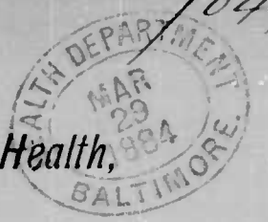
SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70442

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE.



To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Mch 22d 1884
4. Place of Birth (Street and Number) No 10 Bruce St
5. Full Name of Mother Martha Fields
6. Mother's Maiden Name ——
7. Mother's Birthplace Buck Md.
8. Full Name of Father John Fields
9. Father's Occupation Laborer
10. Father's Birthplace Va. (Accomac Co)

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address (Midtorfe) 16 Bruce St

Remarks

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

70443

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 20 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22/84
4. *Place of Birth, (Street and Number)* 183 Druid Hill Ave
5. *Full Name of Mother,* Catherine J Gossnell
6. *Mother's Maiden Name,* " " Mc Murray
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Howard A Gossnell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Coke M.D.

*Address,* 146 Hanover St

*Remarks,*

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

10441

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
31
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 March 1884
4. *Place of Birth, (Street and Number)* Balto. Durham st No 247
5. *Full Name of Mother,* Barbora Hruby
6. *Mother's Maiden Name,* Bar. Kucera
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Andrew Hruby
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Kopitsch

*Address,* 69 N. Washington st

*Remarks,*

Mary Kopitsch

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*Record of Vital Statistics in the City of Baltimore.*

JOHN F. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70445

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
1924
BALTIMORE

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22nd 1884
4. *Place of Birth, (Street and Number)* 223 N Chester St.
5. *Full Name of Mother,* Florine L Sherwood
6. *Mother's Maiden Name,* Florine L Henderson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George R Sherwood
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Brown

*Address,* 1 Chester Street near Baltimore

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH, 70446

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
1904
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth* Saturday 22 27
4. *Place of Birth, (Street and Number)* 847 East
5. *Full Name of Mother* Laura L. Jones
6. *Mother's Maiden Name* Laura L. Jones
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Joshua Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

*Name of Medical Attendant, or other Person who makes this Return.* Emma Davis

*Address* Walbey q near Edem

*Remarks*

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

77447

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR
3
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 A boy

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* 22 of March
4. *Place of Birth, (Street and Number)* 58 S Eutaw St
5. *Full Name of Mother,* Rosie Black
6. *Mother's Maiden Name,* Rosie Levine
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Morris Black
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia Poland

*Name of Medical Attendant,* or other Person who makes this Return Miss Seebach

*Address,* 58 S Eutaw St 439 west Pratt st

*Remarks,*

---

*Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70448

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* March 22/82
4. *Place of Birth, (Street and Number)* 229 S. Bond Str
5. *Full Name of Mother,* Lina Kloss
6. *Mother's Maiden Name,* Schmuck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Kloss
9. *Father's Occupation,* Restaurant
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Louise Kraft

*Address,* 236 Canton Ave

*Remarks,*

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70449

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 5

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 22, 84
4. *Place of Birth, (Street and Number)* Fairmond Av 32
5. *Full Name of Mother,* Mota Higgins
6. *Mother's Maiden Name,* Wessel
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Roderick Higgins
9. *Father's Occupation,* Seemann
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return Mg. Joh. Raubach

*Address,* S. Wolf No 14

*Remarks,*

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

704/50

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR
19
1894
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | wht |
| 3. *Date of Birth,* | March 22 1894 |
| 4. *Place of Birth, (Street and Number)* | 101 West Biddle st |
| 5. *Full Name of Mother,* | Catharine Floherty |
| 6. *Mother's Maiden Name,* | " Wenett |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Wm. T. Floherty |
| 9. *Father's Occupation,* | surveyor |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return | G Lane Taneyhill |
| *Address,* | |
| *Remarks,* | 219 Madison ave |

**Record of Vital Statistics in the City of Baltimore.**

6.—And be it further enacted and ordained: That every person practicing midwifery in the City ... under whose charge or superintendence a birth shall hereafter take place, shall keep a true and ... of such birth, and shall enter the same on a blank schedule to be furnished by the Commis... Health. This schedule shall contain a list of the births which have occurred under his or her care ... month, and shall set forth, as far as the same can be ascertained, the full name of each child (if ... shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and ... its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a ... between the first and third day of each and every month to the Board of Health. In case the ... any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or ... no other person be in attendance upon the mother, immediately thereafter, it shall then become the ... the parent or parents of such child to report its birth to the Board of Health, in the manner, and ... the period above required, except in the cases of the births and deaths of illegitimate children, and ... son or persons who shall hereafter fail to comply with the provisions of this section shall be subject ... me of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70451

HEALTH DEPARTMENT MAR 23 1884 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22 March 1884
4. *Place of Birth, (Street and Number)* Park St 140
5. *Full Name of Mother,* Fourth Gibson
6. *Mother's Maiden Name,* HARITT Harriet Driver
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Driver
9. *Father's Occupation,* Laborer Driver
10. *Father's Birthplace,* Baltimore Md
11. *Name of Medical Attendant,* or other Person who makes this Return Dr. Jas. Wilson
12. *Address,* 252 Joseph St
13. *Remarks,*

...of the Board of Health to secure a full and ...f Vital Statistics in the City of Baltimore.

...ucheur, midwife, or other person in charge, who shall attend, assist or ...ild, within the City of Baltimore, shall report to the registrar aforesaid, ...ating distinctly the date of birth, sex, and color of the child or children ...l condition, whether still born or not, the full name, nativity, and residence ...maiden name of the mother of such child or children."

...AND STATIONERS

# RETURN OF A BIRTH

7044 v2

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 24 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd of March 1884.
4. Place of Birth, (Street and Number) No 2 Fayette court
5. Full Name of Mother, Mrs Annie Geiselman
6. Mother's Maiden Name, Annie König
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, George König.
9. Father's Occupation, Cupper.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 11 North Chapel st per Justina Kunkel

Remarks, Healthy.

Regulations of Board of Health to secure a full and correct
ect Record of Vital Statistics in the City of Baltimore.

SECTION ... er enacted and ordained. That every person practicing midwifery in the City of Baltimo... any physician, acc... or superintendence a birth shall hereafter take place, shall keep a true and exact regi... shall enter the same on a blank schedule to be furnished by the Commissioner of the birth of any c... shall contain a list of the births which have occurred under his or her care during th... days thereafter, ... forth, as far as the same can be ascertained, the full name of each child (if any nam... or their physic... schedule shall be delivered, duly signed by the practitioner, in the form of a place of ... and third day of each and every month to the Board of Health. In case the certifica... rents, and the ... without the attendance of a physician, or of a practitioner of midwifery, or birth of ... at endance upon the mother, immediately thereafter, it shall then become the du... should ... requ... ents of such child to report its birth to the Board of Health, in the manner, an... wi... duty of p... who ... required, except in the cases of the births and deaths of illegitimate childr... an within ... s for ... who shall hereafter fail to comply with the provisions of this section ... to any p... of ... as other lines ... a ... ars for each ...

JOHN F. PIET & C...

...CITY PRINTERS AND STATIONERS.

7/02/53

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22nd 84
4. Place of Birth, (Street and Number) # 441 Conway St.
5. Full Name of Mother, Dora Leitheiser
6. Mother's Maiden Name, Pritchard
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Leitheiser
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Kroh

Address, # 328 S. Eutaw St.

Remarks,

70457

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14 Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* march 22 nd
4. *Place of Birth, (Street and Number)* no 102 welcomally
5. *Full Name of Mother,* lewisea dudley
6. *Mother's Maiden Name,* lewisea johnson
7. *Mother's Birthplace,* south river
8. *Full Name of Father,* lenard dudley
9. *Father's Occupation,* labour
10. *Father's Birthplace,* virginnia

*Name of Medical Attendant,* or other Person who makes this Return mrs Lydia Porter

*Address,* no 4 paptsco avenue

*Remarks,* healthy Child

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70455

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. Sex, (state whether male or female) Bub
2. Race or Color, (if not of the white race) Weiss
3. Date of Birth, Geboren den 22 ten März
4. Place of Birth, (Street and Number) No 204 Eastern Av
5. Full Name of Mother, Henriette Friederich
6. Mother's Maiden Name, Henriette Brückner
7. Mother's Birthplace, Deutschland
8. Full Name of Father, Wilehm Friederich
9. Father's Occupation, Schneider
10. Father's Birthplace, Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas St

Remarks, Hebamme

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 70456

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or female)* | F |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 22 1884 |
| 4. *Place of Birth, (Street and Number)* | 227 Bolton St |
| 5. *Full Name of Mother,* | Carrie Foster Williams |
| 6. *Mother's Maiden Name,* | Ball |
| 7. *Mother's Birthplace,* | Henry D Foster |
| 8. *Full Name of Father,* | Captain of Steamer |
| 9. *Father's Occupation,* | Massachusetts |
| 10. *Father's Birthplace,* | H W Mebetat |
| *Name of Medical Attendant,* or other Person who makes this Return | 57 Bainet |
| *Address,* | |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

70457

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | March 22 1884 |
| 4. *Place of Birth, (Street and Number)* | Willis Court 12 |
| 5. *Full Name of Mother,* | Toy Thomas |
| 6. *Mother's Maiden Name,* | Toy Gains |
| 7. *Mother's Birthplace,* | Sarah Christie Co |
| 8. *Full Name of Father,* | James Thomas. |
| 9. *Father's Occupation,* | Cooper. |
| 10. *Father's Birthplace,* | Charles County. |
| *Name of Medical Attendant,* or other Person who makes this Return | Dark. Jam. Millson |
| *Address,* | 252 Joyce St |
| *Remarks.* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70458

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 22 1884
4. *Place of Birth, (Street and Number)* Willamet aly 150
5. *Full Name of Mother,* Anil Chester
6. *Mother's Maiden Name,* Anil Dutur
7. *Mother's Birthplace,* Dor Chester Co
8. *Full Name of Father,* Maxim Chester
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Tailors ilands

*Name of Medical Attendant,* or other Person who makes this Return Sarh Jane Milsar

*Address,* Temple St 252

*Remarks,*

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7049

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22nd of March
4. *Place of Birth, (Street and Number)* No 9 E. Federal St
5. *Full Name of Mother,* Cecilia Ann Ring
6. *Mother's Maiden Name,* Cecilia Roberts
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry Ludwig
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Jane E Eagles

*Address,* 386 Aisquith St

*Remarks,*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70160

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT
26
1894
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22nd
4. *Place of Birth, (Street and Number)* Cor. of Mulliken and Central Aves
5. *Full Name of Mother,* Annie Hengel
6. *Mother's Maiden Name,* Annie Birkemeier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Hengel
9. *Father's Occupation,* Labor work
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sophie Simon

*Address,* No. 70 Gusby St.

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FORT & CO., CITY PRINTERS AND STATIONERS.

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

10461

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPT. MAR 27 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3. third

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* march 22 — 1884
4. *Place of Birth, (Street and Number)* 62 s. Calhoun st.
5. *Full Name of Mother,* Palmyra Josephina Kronenberg.
6. *Mother's Maiden Name,* Pal. Josephine Miller nee
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles Louis Kronenberger
9. *Father's Occupation,* Piano maker
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Kunigunda Schlifer

*Address,* 20 Columbia st.

*Remarks,*

wm. J. C DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70462

*To the Office of Registrar of Vital Statistics, Board of Health,*

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* March 22/84

4. *Place of Birth, (Street and Number)* 658 W. Balto. St.

5. *Full Name of Mother,* Mary C. Deitz

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Geo. Deitz

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. R. W. Mansfield M.D.

*Address,* 117 E. Broadway

*Remarks,*

---

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

7046 3

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1884 BALTIMORE

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 22/84 |
| 4. *Place of Birth, (Street and Number)* | 27 S. Eutaw St. |
| 5. *Full Name of Mother,* | Frances S. Wright |
| 6. *Mother's Maiden Name,* | " " Cooper |
| 7. *Mother's Birthplace,* | New York |
| 8. *Full Name of Father,* | D. R. Wright |
| 9. *Father's Occupation,* | Salesman |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Rich. Mansfield M. D |
| *Address,* | 117 S. Broadway |
| *Remarks,* | |

JOHN B. FIET, PRINTER & STATIONER, BALT.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 70464

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 22d 1884
4. *Place of Birth, (Street and Number)* No. 307 N. Charles Street
5. *Full Name of Mother* Bessie Montague Brown
6. *Mother's Maiden Name* Bessie Manning Montague
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alexander Brown
9. *Father's Occupation* Banker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* D. P. O. Wilson Jr.

*Address* 146 Park Avenue

*Remarks*

7065

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, householder thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 birth |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 22 March |
| 4. *Place of Birth, (Street and Number)* | Lombard St. No 331 |
| 5. *Full Name of Mother,* | Mari Strikroth |
| 6. *Mother's Maiden Name,* | " " Weiss |
| 7. *Mother's Birthplace,* | Adelsdorf – Baiern |
| 8. *Full Name of Father,* | John Strikroth |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Adelsdorf – Baiern |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Brauer |
| *Address,* | |
| *Remarks,* | Lombard Street No 278 |

HEALTH DEPARTMENT APR 7 1894 BALTIMORE

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70466

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 7 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 birth |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth.* | 22 Marz |
| 4. *Place of Birth, (Street and Number)* | Kath Ruht |
| 5. *Full Name of Mother.* | " " Mueller |
| 6. *Mother's Maiden Name,* | Baltimor |
| 7. *Mother's Birthplace,* | John Raht |
| 8. *Full Name of Father,* | Kanmager |
| 9. *Father's Occupation,* | Baltimor |
| 10. *Father's Birthplace,* | Langcestr. No 162 |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address.* | Mrs Maurer |
| *Remarks.* | Lombardstre No 278 |

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70467

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR
11
1894
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | March 22d 1894 |
| 4. *Place of Birth, (Street and Number)* | 16 East st |
| 5. *Full Name of Mother,* | Emma Brown |
| 6. *Mother's Maiden Name,* | Emma Wilson |
| 7. *Mother's Birthplace,* | Baltimore City Md |
| 8. *Full Name of Father,* | Henry Brown |
| 9. *Father's Occupation,* | waiter |
| 10. *Father's Birthplace,* | Boston |
| *Name of Medical Attendant,* or other Person who makes this Return | Harriett Jackson |
| *Address,* | 105 Forest st |
| *Remarks,* | Baltimore city |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

704 68

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 22d 1884
4. *Place of Birth, (Street and Number)* Forrest St No 3
5. *Full Name of Mother,* Correan Jones
6. *Mother's Maiden Name,* Correan Jones
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* — —
9. *Father's Occupation,* — —
10. *Father's Birthplace,* — —

*Name of Medical Attendant,* or other Person who makes this Return Harriett Jackson

*Address,* No 5 Forrest St

*Remarks,* Baltimore City Md

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 10469

HEALTH DEPARTMENT MAR 29 1894 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Child

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 23rd of March 1894
4. *Place of Birth, (Street and Number)* # 361 Mount St.
5. *Full Name of Mother* Virginia Carver
6. *Mother's Maiden Name* " Fairchild
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Franas T. Carver
9. *Father's Occupation* Travelling Salesman.
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Carroll

*Address* # 7 Patterson Ave.

*Remarks*

70470

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 March 1884
4. *Place of Birth, (Street and Number)* 14 Jasper St
5. *Full Name of Mother,* Barbara Reuwer
6. *Mother's Maiden Name,* Neuberger
7. *Mother's Birthplace,* Eichenbuhl Baverien
8. *Full Name of Father,* Theodore Reuwer
9. *Father's Occupation,* Hocker
10. *Father's Birthplace,* Vörden Provins Hannover

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 N. Pappelton St

*Remarks,* .....

### Record of Vital Statistics in the City of Baltimore.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

16471

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 March 1894
4. *Place of Birth, (Street and Number)* Balto. Dallas st No 284
5. *Full Name of Mother,* Josephine Dušek
6. *Mother's Maiden Name,* J. Skvarda
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Vojta Dušek
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Kopřiva

*Address,* 69 N. Washington

*Remarks,* Mary Kopřiva

HEALTH DEPARTMENT MAR 31 1894 BALTIMORE

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FEET & CO., CITY PRINTERS AND STATIONERS.

70472

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23d 1884
4. *Place of Birth, (Street and Number)* No 614 West Pratt st Balto Md
5. *Full Name of Mother,* Winey Higgins
6. *Mother's Maiden Name,* Winey Fahey
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* Owen Higgins
9. *Father's Occupation,* Railroader
10. *Father's Birthplace,* Kentuckey

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 No Poppelton St

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7047

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR
31
1931
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 23
4. *Place of Birth, (Street and Number)* No 7 Pin Alley
5. *Full Name of Mother,* Agnes Ross
6. *Mother's Maiden Name,* Agnes Jones
7. *Mother's Birthplace,* Colored Co.
8. *Full Name of Father,* Samuel Ross
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Friendship Anarundel Co

*Name of Medical Attendant,* or other Person who makes this Return Mary Thomas

*Address,* Twenty Eight Josephine Steet

*Remarks,* None

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70474

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d Child. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 23d 1884. |
| 4. *Place of Birth, (Street and Number)* | 103 Johnson St. |
| 5. *Full Name of Mother,* | Catherine Turner. |
| 6. *Mother's Maiden Name,* | " Nash. |
| 7. *Mother's Birthplace,* | Balto. City. |
| 8. *Full Name of Father,* | James Turner. |
| 9. *Father's Occupation,* | Mariner. |
| 10. *Father's Birthplace,* | Balto. City. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. N. Tall. M. D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70475

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 23 1884
4. *Place of Birth, (Street and Number)* No. 9 Brace St.
5. *Full Name of Mother,* Maggie Seiglein
6. *Mother's Maiden Name,* ... Zeiler
7. *Mother's Birthplace,* Bremen.
8. *Full Name of Father,* George Sieglein
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Gesenhiem Bremen.

*Name of Medical Attendant,* or other Person who makes this Return Nina Lincoln

*Address,* No. 45 S. Monroe St.

*Remarks,*

### *Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70476

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March the ~~22~~ 23
4. *Place of Birth, (Street and Number)* Cross St no 30
5. *Full Name of Mother,* Mary J Spence
6. *Mother's Maiden Name,* martin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* daniel Spence
9. *Father's Occupation,* single
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Haward St 368

*Remarks,*

### *Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

104777

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23 March
4. *Place of Birth, (Street and Number)* 77 Granby
5. *Full Name of Mother,* Jinnie Shoe-maker
6. *Mother's Maiden Name,* Dinnison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Shoe-maker
9. *Father's Occupation,* Trunk-maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72 E. Lombard steet

*Remarks,*

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.* March 23d 1884

4. *Place of Birth, (Street and Number)* No 43 Castle st

5. *Full Name of Mother,* Maria Brown

6. *Mother's Maiden Name,* " Weitzel

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Marcus Brown

9. *Father's Occupation,* Stable Boss

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Belz

*Address,* 120 Bank st

*Remarks,*

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70479

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23rd 1884
4. *Place of Birth, (Street and Number)* No 44 N. Mount st.
5. *Full Name of Mother,* Julia R. Roberts
6. *Mother's Maiden Name,* " " Hannon
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Charles E. Roberts
9. *Father's Occupation,* Baggage master on B & O R R
10. *Father's Birthplace,* Calvert Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return. M. Lennon

*Address,* 36 Frederick Ave.

*Remarks,* Fine Child not named

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

70480

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)*

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 23 84
4. *Place of Birth, (Street and Number)* Olienstr No 204
5. *Full Name of Mother,* Agarta Hardwig
6. *Mother's Maiden Name,* Waschke
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Wilhelm Hardwig
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Oestreich

*Name of Medical Attendant,* or other Person who makes this Return Mrs Joh. Rambach

*Address,* S Wolfstr No 14

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70481

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 23. 84.
4. *Place of Birth, (Street and Number)* A. Schappel str No 114
5. *Full Name of Mother,* Margarethe Heim
6. *Mother's Maiden Name,* Mentle
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Stephan Heim
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Baubach

*Address,* S. Wolf str No 14

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7048

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eighth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 23rd 1884 |
| 4. *Place of Birth, (Street and Number)* | No 84 Luzerne St |
| 5. *Full Name of Mother,* | Mrs Annie Dean |
| 6. *Mother's Maiden Name,* | Miss Annie Engels |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Louis Dean |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Rachel A Garrett |
| *Address,* | No 65 Burke St. |
| *Remarks,* | |

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

W 70483

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Loretta May Springer

*No. of Child of Mother, (state whether 1st, [redacted], etc.)* First

1. *Sex (state whether [redacted] or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 23rd 1884
4. *Place of Birth (Street and Number)* No 72 S. Exeter Street
5. *Full Name of Mother* Elvie L. Springer
6. *Mother's Maiden Name* " " Thomas
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Eugene D. Springer
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Maryland

*Name of Medical Attendant, or other Person who makes this Return.* J. Ridgely Hammond M. D.

*Address* N. E. cor. Calhoun & Hollins Sts.

*Remarks* Child-normal. GIVEN NAME ADDED 5-18-54 L. M.

# RETURN OF A BIRTH.

704 84

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 8th —

*1. Sex (state whether Male or Female)* Female —

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Mar. 23d. 1884.

*4. Place of Birth (Street and Number)* 72 Aisquith St.

*5. Full Name of Mother* Mary A. Bynum

*6. Mother's Maiden Name* " " Shaab

*7. Mother's Birthplace* City

*8. Full Name of Father* Peter Bynum

*9. Father's Occupation* Restaurateur

*10. Father's Birthplace* — City. —

*Name of Medical Attendant,* or other Person who makes this Return. W. A. B. Sellman M.D. —

*Address* No. 46. W. Biddle Street. —

*Remarks*

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

70485

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex,* (state whether male or female) male
2. *Race or Color,* (if not of the white race) Col
3. *Date of Birth,* March 23
4. *Place of Birth,* (Street and Number) 22d N Bible
5. *Full Name of Mother,* Winnie A Jefferson
6. *Mother's Maiden Name,* Watkins
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Charles H Jefferson
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Anna Johnson

*Address,* 9 N Hyson St

*Remarks,*

HEALTH DEPARTMENT APR 22 1884 BALTIMORE

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70486

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23th
4. *Place of Birth, (Street and Number)* 180 Columbia Ave
5. *Full Name of Mother,* Mary Bender
6. *Mother's Maiden Name,* Mary Pflüger
7. *Mother's Birthplace,* Cassell Germany
8. *Full Name of Father,* Henry Bender
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Hessen Germany

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Dunnler.

*Remarks,* 60 North Schroeder St.

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7048?

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAR 26 1904 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23rd
4. *Place of Birth, (Street and Number)* No 224 E. Pratt St.
5. *Full Name of Mother,* Katie Miller
6. *Mother's Maiden Name,* Katie Becker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John C. Miller
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophia Siemers

*Address,* No 11 Granby St.

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

7018 8

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAR 27 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, March 23rd 94

4. Place of Birth, (Street and Number) 34 Hampstead St

5. Full Name of Mother, Maria P. L. Frederick

6. Mother's Maiden Name, Discher

7. Mother's Birthplace, Germany

8. Full Name of Father, Chasmer Frederick

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Jr. H. Seldner M. D.

Address, S.E. Cor. Eager & Caroline Sts

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

10489

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11 |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | Colard |
| *3. Date of Birth* | March 29th 1884 |
| *4. Place of Birth (Street and Number)* | No 44 Pine street |
| *5. Full Name of Mother* | Mary E Gale |
| *6. Mother's Maiden Name* | Mary E Jones |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | William G Gale |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Pine is same Somerset Co |
| *Name of Medical Attendant,* or other Person who makes this Return. | Sarah Jones |
| *Address* | No 4 Wayne street |
| *Remarks* | |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70490

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 5 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23rd 9.50 P.M. 1884.
4. Place of Birth, (Street and Number) 131 Bank Street
5. Full Name of Mother, Annie Fisher Johnson Potter
6. Mother's Maiden Name, Annie F. Potter
7. Mother's Birthplace, Jersey City
8. Full Name of Father, Horace Seymour Potter
9. Father's Occupation, Captain
10. Father's Birthplace, Jersey City

Name of Medical Attendant, or other Person who makes this Return James E. Dwinelle M.D.

Address, 299 E. Baltimore St.

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

70491

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th Child.

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* March 23rd 1884.
4. *Place of Birth* (Street and Number) 393 E. Eager St.
5. *Full Name of Mother* Sarah E. Warner
6. *Mother's Maiden Name* Hamilton.
7. *Mother's Birthplace* Pa.
8. *Full Name of Father* George A. Warner.
9. *Father's Occupation* Shoe-Maker.
10. *Father's Birthplace* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. John H. White, M.D.

*Address* 362 N. Broadway

*Remarks*

70492

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) ..... male
2. Race or Color, (if not of the white race) ..... White
3. Date of Birth, ..... March 24
4. Place of Birth, (Street and Number) ..... No 127 Hill St.
5. Full Name of Mother, ..... Mary Wiegand
6. Mother's Maiden Name, ..... Brand
7. Mother's Birthplace, ..... Baltimore
8. Full Name of Father, ..... Conrad Wiegand
9. Father's Occupation, ..... Tank Shop
10. Father's Birthplace, ..... Hesse Cassel

Name of Medical Attendant, or other Person who makes this Return ..... Augusto Bolion

Address, ..... Hanover Hall

Remarks, .....

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

7049

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 24 of March.
4. *Place of Birth, (Street and Number)* 329 N Ann St.
5. *Full Name of Mother.* Lizzie Jane Hirsch.
6. *Mother's Maiden Name,* Lizzie Lapp.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Hirsch.
9. *Father's Occupation,* Tinner.
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Mary Walter.

*Address,*

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 10494

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Dark complexion
3. *Date of Birth,* March 24th 84
4. *Place of Birth, (Street and Number)* # 11 Ross St
5. *Full Name of Mother,* Susan King
6. *Mother's Maiden Name,* " Ranson
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* George King
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Amalia Johnson

*Address,* 6 Hamilton St

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

7049

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAR 29 1894
BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 24th - 84
4. *Place of Birth (Street and Number)* 48½ Rock St
5. *Full Name of Mother* Hester A. Stewart
6. *Mother's Maiden Name* Hester A Matthews
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Parker R. Stewart
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Portsmouth N. C.

*Name of Medical Attendant,* or other Person who makes this Return. Jane Baker

*Address* 40 66 Cider Alley

*Remarks* .....

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

70496

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 March 1884
4. Place of Birth, (Street and Number) Balto. N. Washington st No 69
5. Full Name of Mother, Mary Shamata
6. Mother's Maiden Name, Mary Stenf
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Ignaz Stenf
9. Father's Occupation, Painter
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kostisch

Address, 69 N Washington st

Remarks, Mary Kostisch

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

74496

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 March 1884
4. Place of Birth, (Street and Number) Balto. Dallas. st No 207
5. Full Name of Mother, M. Borral
6. Mother's Maiden Name, M. Tesar
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Adolph Borral
9. Father's Occupation, Rope maker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koplish

Address, 69 N. Washington st

Remarks, Mary Koplish

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70498

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 24th 1884. |
| 4. *Place of Birth, (Street and Number)* | 298 Light St. |
| 5. *Full Name of Mother* | K. Jane North. |
| 6. *Mother's Maiden Name,* | " " Saunders. |
| 7. *Mother's Birthplace,* | Dorchester Co. Md. |
| 8. *Full Name of Father,* | John North. of J. |
| 9. *Father's Occupation,* | Wood & coal Yard. |
| 10. *Father's Birthplace.* | Dorchester Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. H. Tall. M.D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

70499

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 the

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 of March
4. *Place of Birth, (Street and Number)* 554 Canton (Ave)
5. *Full Name of Mother,* Hilda Mitzel
6. *Mother's Maiden Name,* = Josebel
7. *Mother's Birthplace,* Baltenwesthein (Sachsen)
8. *Full Name of Father,* Wilhelm
9. *Father's Occupation,* Tavern Keeper
10. *Father's Birthplace,* Hannover (Germ)

*Name of Medical Attendant,* or other Person who makes this Return Mrs. E. Behnken

*Address,* 54 Essex Ste.

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, i. the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70500

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | March 24, 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 4, mccubbin st |
| 5. *Full Name of Mother,* | Harrett Simpson |
| 6. *Mother's Maiden Name,* | Chase |
| 7. *Mother's Birthplace,* | Talbot co Md |
| 8. *Full Name of Father,* | Hebrew Simpson |
| 9. *Father's Occupation,* | Oyster Shucker |
| 10. *Father's Birthplace,* | Talbot co Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Francis Anderson |
| *Address,* | No 30 mc. cubbin st |
| *Remarks,* | |

HEALTH DEPARTMENT MAR 24 BALTIMORE

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70501

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 24th of March 1884 |
| 4. *Place of Birth, (Street and Number)* | No 153 Fremont St. N |
| 5. *Full Name of Mother,* | Lizzie Ludloff |
| 6. *Mother's Maiden Name,* | do Glaser |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Ludloff |
| 9. *Father's Occupation,* | Cigar Packer |
| 10. *Father's Birthplace.* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return | Lydie Somerville |
| *Address,* | No 13 Clinton Ave |
| *Remarks,* | It lived half hour |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Correct Return of Vital Statistics in the City of Baltimore.*

W. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70502

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Mar 24th 1884
4. *Place of Birth, (Street and Number)* # 161 N. Lombard st.
5. *Full Name of Mother,* Clara Brown
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Dont Know
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

*Name of Medical Attendant,* or other Person who makes this Return W. C. Chapman M.D. Asst. ass Phys

*Address,* # 161 N. Lombard st.

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70503

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mar 24/84
4. *Place of Birth, (Street and Number)* 106 Elbow Lane
5. *Full Name of Mother,* Mary Walters
6. *Mother's Maiden Name,* " Walker
7. *Mother's Birthplace,* Pa Geo Co Md
8. *Full Name of Father,* Charley Walters
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* N or Carolina

*Name of Medical Attendant,* or other Person who makes this Return S H Nelson M D

*Address,* Pratt & Calhoun Sts

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

70504

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | March 24th 1884 |
| *4. Place of Birth (Street and Number)* | 76 Fort Ave |
| *5. Full Name of Mother* | Margaret Anderson |
| *6. Mother's Maiden Name* | Margaret Todd |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | C. B Anderson |
| *9. Father's Occupation* | Conductor on R-R |
| *10. Father's Birthplace* | Balto County |
| *Name of Medical Attendant,* or other Person who makes this Return. | B. F. Phillips |
| *Address* | 311 N Lombard St |
| *Remarks* | |

*Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

70505

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (~~state whether~~ male ~~or female~~)*
2. *Race or Color (~~if not of~~ the white race)*
3. *Date of Birth* 3. 24. 84.
4. *Place of Birth (Street and Number)* 383 Saratoga St
5. *Full Name of Mother* Helen Smith
6. *Mother's Maiden Name* Mathews
7. *Mother's Birthplace* Talbot Co, Md.
8. *Full Name of Father* Robt Smith
9. *Father's Occupation* Jeweller
10. *Father's Birthplace* Md.

*Name of Medical Attendant,* or other Person who makes this Return. L. M. Eastman

*Address* 349 Lerch

*Remarks* Natural labor

70506

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 26 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Whit
3. Date of Birth, 24th of March 1884
4. Place of Birth, (Street and Number) 64 North Washington Street
5. Full Name of Mother, Emma St. Clary
6. Mother's Maiden Name, Emma St. Malony
7. Mother's Birthplace, Ireland
8. Full Name of Father, Willi Malony
9. Father's Occupation, Inginire
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 11 North Chapel Street for Justina Kunkel

Remarks, Healthy.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FEY & CO., CITY PRINTERS AND STATIONERS.

70507

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March the 24 1884
4. Place of Birth, (Street and Number) N. Eden St. No 68
5. Full Name of Mother, Auguste Lindner
6. Mother's Maiden Name, Auguste Baer
7. Mother's Birthplace, Balto City
8. Full Name of Father, Friedrich Lindner
9. Father's Occupation, Box maker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St. No 26

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN S. PIET & CO., CITY PRINTERS AND STATIONERS.

70508

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 24/84.

4. Place of Birth, (Street and Number) 14 Keyser St

5. Full Name of Mother, Annie Lewis

6. Mother's Maiden Name, Inness

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William A Lewis

9. Father's Occupation, Painter

10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other Person who makes this Return P W Seldner M D

Address, S E Cor Eager & Caroline Sts

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70509

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

March 26th 1884.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 24th 1884.
4. Place of Birth, (Street and Number) 28 Bank St.
5. Full Name of Mother, Katie Ruhe.
6. Mother's Maiden Name, Katie Haesekaer.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Christian Ruhe.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, No. 137 S Wolfe St.

Remarks, H

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. HIET & CO., CITY PRINTERS AND STATIONERS.

70510

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 19 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second Child. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Monday Mch 24. 1884 |
| 4. *Place of Birth, (Street and Number)* | 70 Park. Ave |
| 5. *Full Name of Mother,* | Annie M. Fischer |
| 6. *Mother's Maiden Name,* | Annie M. Demitz |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Chas. Fischer |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs Dumler. |
| *Remarks,* | 60 Pt. Schroeder. St. |

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

Josh

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d C

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 24th 1884
4. *Place of Birth (Street and Number)* Hanover 91
5. *Full Name of Mother* Mary E Wolf
6. *Mother's Maiden Name* Mary Taylor
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Frederick Wolf
9. *Father's Occupation* Bar keeper
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mary R Easton

*Address* 181 Hanover 91

*Remarks* Mary Wolf

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7052

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR 28 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25 of march
4. *Place of Birth, (Street and Number)* 22 Lionel Street
5. *Full Name of Mother,* Mary Emily Allen
6. *Mother's Maiden Name,* Mary Moore
7. *Mother's Birthplace,* Kent County
8. *Full Name of Father,* Levy Allen
9. *Father's Occupation,* Labor
10. *Father's Birthplace.* Kent County Eastern Shore Maryland

*Name of Medical Attendant,* or other Person who makes this Return Susan Morgan

*Address,* 47 North Durham Street

*Remarks,*

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7051 E

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25 of March
4. *Place of Birth, (Street and Number)* 183 Mulikin St
5. *Full Name of Mother,* Mary Wallace
6. *Mother's Maiden Name,* Mary Harris
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James H Wallace
9. *Father's Occupation,* Scourer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary Walter

*Address,* 125 N Caroline St.

*Remarks,*

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7051 4

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Grd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 26 of March
4. *Place of Birth, (Street and Number)* 162 Dallas St
5. *Full Name of Mother.* Annie Marshell
6. *Mother's Maiden Name,* Annie Robinson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Marshell
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary Walter

*Address,* 126 N Caroline St.

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Correct Record of Vital Statistics in the City of Baltimore.

J. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70575

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 25 1884
4. *Place of Birth, (Street and Number)* No 520 Hanover Street
5. *Full Name of Mother,* Sarah Cook
6. *Mother's Maiden Name,* Sarah Crawford
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* Charles F Cook
9. *Father's Occupation,* Clerks at Locust Pt
10. *Father's Birthplace.* Balt city md

*Name of Medical Attendant,* or other Person who makes this Return E. Hinton

*Address,* 79 Randall St

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7056

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAR
29
1884
BALTIMORE.

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 25th 1884
4. *Place of Birth, (Street and Number)* Bank st
5. *Full Name of Mother,* Catherine Bitter
6. *Mother's Maiden Name,* Catherine Polster
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Bitter
9. *Father's Occupation,* Piano-maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Classen

*Address,* McElderry extended

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH 70577

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar. 25th 1884
4. *Place of Birth, (Street and Number)* 161 N. Lombard st.
5. *Full Name of Mother,* Mary Joyce
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Don't Know
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

*Name of Medical Attendant,* or other Person who makes this Return — M. C. Chapman M.D.

*Address,* #161 N. Lombard st.

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7058

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 11th of March 1884 |
| 4. *Place of Birth, (Street and Number)* | No 53 Exeter Street |
| 5. *Full Name of Mother,* | Ella H. Nelson |
| 6. *Mother's Maiden Name,* | Ella H. Ward |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | James Nelson |
| 9. *Father's Occupation,* | Hatter |
| 10. *Father's Birthplace,* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Elizabeth Price |
| *Address,* | No 178 Harford Ave. |
| *Remarks,* | Baltimore Md. |
| | 1884 |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70519

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, March 25th 1884
4. Place of Birth, (Street and Number) 405 E. Lombard St.
5. Full Name of Mother, Florence Belle Barcley
6. Mother's Maiden Name, Schinnecke
7. Mother's Birthplace, City
8. Full Name of Father, John Thomas Barcley
9. Father's Occupation, Pilot
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return E. P. Sons M.D.

Address, 375 E. Balto St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70820

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 18 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, March the 25
4. Place of Birth, (Street and Number) peach Alley 84
5. Full Name of Mother, Martha Spriddle
6. Mother's Maiden Name, Woods
7. Mother's Birthplace, Balto
8. Full Name of Father, Johnspriddle
9. Father's Occupation, driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Howard St 308

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70521

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 25th 1884 5 30 A M
4. *Place of Birth (Street and Number)* Dolan st 244 Bal
5. *Full Name of Mother* Cathrine Budhinbaum
6. *Mother's Maiden Name* Cathrine Umhoff
7. *Mother's Birthplace* Preimin. Holand
8. *Full Name of Father* Luise Budhinbaum
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Preimein Holand

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Julia Groom

*Address* Gay st 466

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

70522

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1894 BALTIMORE

*No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)* Sixth 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March 25 1884
4. *Place of Birth, (Street and Number)* No 86 Little McCulloch st
5. *Full Name of Mother,* Mary F Jones Baltimore
6. *Mother's Maiden Name,* Mary F Williams
7. *Mother's Birthplace,* Annapls
8. *Full Name of Father,* Wm Henry Jones
9. *Father's Occupation,* Oyster and breck yard wrok
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Anna Dunken

*Address,* 122 North Dalles st

*Remarks,*

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

10573

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR 1
1924
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 March
4. *Place of Birth, (Street and Number)* 34 Pratt.
5. *Full Name of Mother,* Clara Hohannah
6. *Mother's Maiden Name,* Snydier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Hohannah
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 22. E. Lombard street

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70524

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 25 March 1884

4. Place of Birth, (Street and Number) 30 Watson

5. Full Name of Mother, Henriette Bookbaum

6. Mother's Maiden Name, Baum

7. Mother's Birthplace, Europe

8. Full Name of Father, Herman Bookbaum

9. Father's Occupation, Clerk

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard Street

Remarks,

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

7

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25. March
4. Place of Birth, (Street and Number) 53 Scott, St.
5. Full Name of Mother, Wilhelmina Sophia Imhoff
6. Mother's Maiden Name, " " Miller
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John. George. Imhoff
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Miss Seegarth

Address, 439 west Pratt st.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70526

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1894 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* March 25/94
4. *Place of Birth, (Street and Number)* 138 Wolf Str
5. *Full Name of Mother,* Augusta ~~[illegible]~~ Schmidt
6. *Mother's Maiden Name,* Thiel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Schmidt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Louise Kraft

*Address,* 236 Canton Ave

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

10527

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 2 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, March 25/94

4. Place of Birth, (Street and Number) 172 S. Bond Str

5. Full Name of Mother, Ada Mc Graw

6. Mother's Maiden Name, Scherr

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jerry McGraw

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Raab

Address, 236 Canton Ave

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

70528

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* 8

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 25 84.
4. *Place of Birth, (Street and Number)* E Lombard str No 278
5. *Full Name of Mother,* Margarethe Ole
6. *Mother's Maiden Name.* Insch
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wilhelm Ole
9. *Father's Occupation,* Bartenhomaker
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Baubach

*Address,* S Wolf str No 14

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th March 1884
4. Place of Birth, (Street and Number) 39 N. Ann st
5. Full Name of Mother, Fannie Griffith
6. Mother's Maiden Name, Stevens
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, E. A Griffith
9. Father's Occupation, Clerk
10. Father's Birthplace. Balt

Name of Medical Attendant, or other Person who makes this Return H. W. Webster

Address, 57 Barrett

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70530

# RETURN OF A BIRTH

HEALTH DEPARTMENT MAR 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 1st Child. Premature Months

1. *Sex,* (state whether male or female) male.
2. *Race or Color,* (if not of the white race) white
3. *Date of Birth,* March 25 1884
4. *Place of Birth,* (Street and Number) N. E. Cor. Federal & Washington Sts.
5. *Full Name of Mother,* Evelyn Engelman.
6. *Mother's Maiden Name,* not married.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Unknown to me.
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

*Name of Medical Attendant,* or other Person who makes this Return. J. F. Mantuet, M.D.

*Address,* Belair avenue & Washington St.

*Remarks,*

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

70531

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 27 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Mar. 25/84
4. Place of Birth, (Street and Number) 102 Co. Bethel
5. Full Name of Mother, Mary Green
6. Mother's Maiden Name, Mary Drah
7. Mother's Birthplace, Ble
8. Full Name of Father, Geo Green
9. Father's Occupation, Laborer
10. Father's Birthplace, Ble

Name of Medical Attendant, or other Person who makes this Return G. L. Bierstein

Address, 77 S. Broadway

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

10532

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAR 27 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~)*

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race ~~or Color (if not of the~~ white race)*
3. *Date of Birth* March 25th 1884.
4. *Place of Birth (Street and Number)* No 8 W. Baltimore st.
5. *Full Name of Mother* Mary E. Gibbons.
6. *Mother's Maiden Name* " " Zeigler.
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Patrick H. Gibbons.
9. *Father's Occupation* Frame-Maker.
10. *Father's Birthplace* Pennsylvania.

*Name of Medical Attendant, or other Person who makes this Return.* J. Ridgway Andre M.D.

*Address* 121 E. Baltimore st.

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70133

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25th 84
4. Place of Birth, (Street and Number) 51 Ensor St
5. Full Name of Mother, Catherine Friedel
6. Mother's Maiden Name, Schissler
7. Mother's Birthplace, Balto County
8. Full Name of Father, John Friedel
9. Father's Occupation, Coffee Roaster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return S. H. Seldner M.D.

Address, S.E. Cor Eager & Caroline Sts

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70534

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March ~~24~~ 25 1884
4. Place of Birth, (Street and Number) No Fairmount Ave
5. Full Name of Mother, Kate E. Higgins
6. Mother's Maiden Name, Kate E. Rodley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James H Higgins
9. Father's Occupation, Engineer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonogh st

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 26/84 |
| 4. *Place of Birth, (Street and Number)* | 182 Scott St |
| 5. *Full Name of Mother,* | Annie Wolf |
| 6. *Mother's Maiden Name,* | a Brown |
| 7. *Mother's Birthplace,* | City |
| 8. *Full Name of Father,* | Jno W Wolf |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Penna |
| *Name of Medical Attendant,* or other Person who makes this Return | Jno W Blacksmith |
| *Address,* | |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-29-38

# RETURN OF A BIRTH

7 0 5 3 6

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Mary Emily Schadewald

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | March 25th 1884 |
| 4. *Place of Birth, (Street and Number)* | Preston st. n. Valley |
| 5. *Full Name of Mother,* | Sallie Schadewald |
| 6. *Mother's Maiden Name,* | Hahn |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | A. C. Schadewald |
| 9. *Father's Occupation,* | Agent |
| 10. *Father's Birthplace.* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return | M. B. Billingslea M.D. |
| *Address,* | 256 E Preston st |
| *Remarks,* | |

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE

. O DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 28 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 26 1884
4. *Place of Birth, (Street and Number)* 105 Randall st
5. *Full Name of Mother.* Mary E Worden
6. *Mother's Maiden Name,* Mary E Jenkins
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* John Worden
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* England

*Name of Medical Attendant,* or other Person who makes this Return C Hinton

*Address,* 79 Randall st

*Remarks,*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7038

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 12 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 26 March
4. *Place of Birth, (Street and Number)* Black Alley no 4
5. *Full Name of Mother,* Martha Spriddle
6. *Mother's Maiden Name,* Woods
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Spriddle
9. *Father's Occupation,* driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Harvard St 308

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70539

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAR 31 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 March 1894
4. Place of Birth, (Street and Number) Balto Washington st No 69
5. Full Name of Mother, Bar. Coajmute
6. Mother's Maiden Name, Bar. Anna
7. Mother's Birthplace, Hungar
8. Full Name of Father, John Coajmute
9. Father's Occupation, Laborer
10. Father's Birthplace, Hungar

Name of Medical Attendant, or other Person who makes this Return Mary Kopitish

Address, 69 N. Washington st

Remarks, Mary Kopitish

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

70540

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 1 1924 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 March
4. Place of Birth, (Street and Number) 266 Lombard
5. Full Name of Mother, Bridget Agen
6. Mother's Maiden Name, Daidy
7. Mother's Birthplace, Prelahd
8. Full Name of Father, Mibe Agen
9. Father's Occupation, Labourer
10. Father's Birthplace, Preland

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 22. E. Lombard street

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

10541

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26th 1884
4. Place of Birth, (Street and Number) Forest ave
5. Full Name of Mother, Annie Lederman
6. Mother's Maiden Name, Annie Messenghl
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James H. Coleman
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs A. Messenghl

Address, 375 Penna ave

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70542

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 March
4. Place of Birth, (Street and Number) 919 Fleming Street
5. Full Name of Mother, Veronica Kirchner
6. Mother's Maiden Name, Stenger
7. Mother's Birthplace, Geiselbach
8. Full Name of Father, Jacque Kirchner
9. Father's Occupation, Schoemacher
10. Father's Birthplace, Geiselbach.

Name of Medical Attendant, or other Person who makes this Return Emma Walter

Address, 939 E. Eager Street

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FEET & CO., CITY PRINTERS AND STATIONERS.

70543

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 26th

4. Place of Birth, (Street and Number) 126 E. Fayette

5. Full Name of Mother, Barbara Ford

6. Mother's Maiden Name, Kraft

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Ford

9. Father's Occupation, Seaman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Miss Louise Kraft

Address, 226 Eastern Ave

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70344

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 26 1884
4. *Place of Birth, (Street and Number)* 4 Bolton St.
5. *Full Name of Mother,* Rosa C Kelly
6. *Mother's Maiden Name,* Spear
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Jas B. Kelly
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Richmond Va

*Name of Medical Attendant,* or other Person who makes this Return J. H. CHRISTIAN, M. D. 431 Penn. Av. Cor. Pennsylv.

*Address,*

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-20-50

70545

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: John Albert Ridgaway

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 of February
4. Place of Birth, (Street and Number) 251 E Monument st
5. Full Name of Mother, Kate Ridgaway
6. Mother's Maiden Name, Kate McCall
7. Mother's Birthplace, 253 E Monument st Baltimore
8. Full Name of Father, William H. Ridgaway
9. Father's Occupation, Plasterer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs J. Oliver

Address, 183 N Eden st Baltimore

Remarks,

HEALTH DEPARTMENT MAR 25 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

70546

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 26, 1884
4. *Place of Birth, (Street and Number)* East St. No. 183
5. *Full Name of Mother,* Jimina Smart
6. *Mother's Maiden Name,* Jimina Killmond
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* James Smart
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Philadelphia St. Pensilvania U.S.

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St. No. 26

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 70547

HEALTH DEPARTMENT 26 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Wednesday Morning March 26th 1884
4. *Place of Birth, (Street and Number)* 19 Patapsco St
5. *Full Name of Mother* Mary Jane Sines
6. *Mother's Maiden Name* M J Burton
7. *Mother's Birthplace* Baltimore Co Md
8. *Full Name of Father* Andrew Sines
9. *Father's Occupation* Copper trimmer
10. *Father's Birthplace* Baltimore Co Md

*Name of Medical Attendant,* or other Person who makes this Return. John E Richard MD

*Address* 28 O'Donnell St

*Remarks* Easy labor Both mother and Child are doing well

# RETURN OF A BIRTH

70548

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 27 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 26
4. Place of Birth, (Street and Number) Dolphin near to Bolton
5. Full Name of Mother, Alice Strother
6. Mother's Maiden Name, Hank
7. Mother's Birthplace, Balt°.
8. Full Name of Father, F M. Strother
9. Father's Occupation, Clergyman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return H M Wilson Mp

Address, 257 Mad. Ave

Remarks, Abortion 6 months
Signs of life for three hours

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

10549

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 26th March |
| 4. *Place of Birth, (Street and Number),* | No. 62. Thames St |
| 5. *Full Name of Mother,* | Katie Bauff |
| 6. *Mother's Maiden Name,* | Katie Miller |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George Bauff |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | F. Kaufman |
| *Address,* | No. 202. S Dallas St |
| *Remarks,* | |

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 70550

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26th March 1884
4. *Place of Birth, (Street and Number)* 98 York st
5. *Full Name of Mother,* Jane Burns
6. *Mother's Maiden Name,* Harman
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Same Burns
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Ireland

*Name of Medical Attendant,* or other Person who makes this Return H. W. Webster

*Address,*

*Remarks,*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 70557

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1894 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Mar. 25 |
| 4. *Place of Birth, (Street and Number)* | No 6 N. Chas. |
| 5. *Full Name of Mother,* | Mary Alice Philips |
| 6. *Mother's Maiden Name,* | " " Lorlee |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Francis Philips |
| 9. *Father's Occupation,* | Letter-Carrier |
| 10. *Father's Birthplace.* | Mass. |
| *Name of Medical Attendant,* or other Person who makes this Return | Wm T Whitridge |
| *Address,* | |
| *Remarks,* | |

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70552

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 26 1884
4. *Place of Birth, (Street and Number)* Nicholas St 253
5. *Full Name of Mother,* Arrinth Spencer
6. *Mother's Maiden Name,* Arrinth Malford
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* John M Spencer
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Prince Wm Co

*Name of Medical Attendant,* or other Person who makes this Return Sarah Jane ~~M~~

*Address.* 252 Nicholas St Milton

*Remarks.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH 70553

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 2d 1884

4. *Place of Birth, (Street and Number)* 1[illegible] St

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* [illegible]

10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* [illegible]

*Remarks.*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70554

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 26 1884
4. *Place of Birth (Street and Number)* Hall St 34
5. *Full Name of Mother* Lucy Hyson
6. *Mother's Maiden Name* Lucy Berry
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* Albert Hyson
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mary R Eastburn

*Address* 1310 Hanburg St

*Remarks* Living Well

# RETURN OF A BIRTH

70555

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 26th 1882 |
| 4. *Place of Birth, (Street and Number)* | 196 Hargrave Ave |
| 5. *Full Name of Mother,* | Brumwell |
| 6. *Mother's Maiden Name,* | Harris |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Wm Brumwell |
| 9. *Father's Occupation,* | Butter dealer |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return | M. B. Billingslea |
| *Address,* | 206 E. Preston st |
| *Remarks,* | |

O DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-27-84

70556

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1884 BALTIMORE

Name, Faith A. Harbaugh

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | March 26th 1884 |
| 4. *Place of Birth, (Street and Number)* | 417 E. Eager |
| 5. *Full Name of Mother* | Catherine Harbaugh |
| 6. *Mother's Maiden Name,* | Hayes |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | H. F. Harbaugh |
| 9. *Father's Occupation,* | Agent |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return | M. B. Billingslea |
| *Address,* | 25 E. Preston St |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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7057

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 7 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Mch 26/84. |
| 4. *Place of Birth, (Street and Number)* | 181 N. Carey St. |
| 5. *Full Name of Mother,* | Louise Zoeckler |
| 6. *Mother's Maiden Name,* | " Kolle. |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Henry R. Zoeckler. |
| 9. *Father's Occupation,* | Importer, Agent |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas O'Brien M.D. |
| *Address,* | |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70558

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 9 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | (2nd) |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 26 1884 |
| 4. *Place of Birth, (Street and Number)* | 405 St Paul St |
| 5. *Full Name of Mother,* | Kate Hartlow |
| 6. *Mother's Maiden Name,* | n Davis |
| 7. *Mother's Birthplace,* | City |
| 8. *Full Name of Father,* | Wm Hartlow |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | City |
| *Name of Medical Attendant,* or other Person who makes this Return | Jno R Blackman |
| *Address,* | |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70559

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 28 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th 1884
4. *Place of Birth, (Street and Number)* 229 Madison Ave
5. *Full Name of Mother,* Rebecca Frank
6. *Mother's Maiden Name,* Rebecca Mandelbaum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Frank
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Felix Jenkins

*Address,* No. 2 Cathedral St.

*Remarks,*

A. O. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70560

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Finet

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Mar 27 - 1884
4. *Place of Birth, (Street and Number)* 161 N. Lombard. st.
5. *Full Name of Mother,* Mary Brown
6. *Mother's Maiden Name,* Mary Brown
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Don't Know
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

*Name of Medical Attendant, or other Person who makes this Return* W. C. Chapman M.D.

*Address,* 161 N. Lombard st.

*Remarks,*

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

70161

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAR
29
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd & 3rd Child

1. Sex, (state whether male or female) Girls Twins.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th of March 1884
4. Place of Birth, (Street and Number) East Monument Street
5. Full Name of Mother, Lizzie Hekman
6. Mother's Maiden Name, Lizzie Neukamp
7. Mother's Birthplace, Germany
8. Full Name of Father, John Neukamp
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 11 North Chapel Street for Justina Kunkel

Remarks, Healthy.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IS P. FIET & CO., CITY PRINTERS AND STATIONERS.

70562

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th of March 1884
4. *Place of Birth, (Street and Number)* 72 North Chester st.
5. *Full Name of Mother,* Moly Tomson
6. *Mother's Maiden Name,* Moly Welch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Welsch
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* St Marys county

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel

*Address,* 11 North Chapel street per Justina Kunkel

*Remarks,* Healthy

[illegible] of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]IN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 7016

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. March 27/04

4. Place of Birth, (Street and Number) 52 Ridgely St

5. Full Name of Mother, Annie Rosenbergen

6. Mother's Maiden Name, Butterfield

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis H Rosenbergen

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 W Lanvale St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

To 824

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27th 1884
4. Place of Birth, (Street and Number) Cor Eager and Ann or 381 Eager
5. Full Name of Mother, Ida Barbary Burns
6. Mother's Maiden Name, " " Pence
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Jacob Burns
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return J. B. Schwatka MD

Address, 208 Nth Broadway

Remarks,

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70565

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27/84
4. Place of Birth, (Street and Number) 314 W Lombard St
5. Full Name of Mother, Harriet Reily
6. Mother's Maiden Name, " Theaurle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, T W Reily
9. Father's Occupation, Stove Dealer
10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St Pen L B

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70566

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27th of March 1884
4. *Place of Birth, (Street and Number)* 185 George St
5. *Full Name of Mother,* Earnestine Heller
6. *Mother's Maiden Name,* Earnestine Schminer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Daniel Heller
9. *Father's Occupation,* Butcher
10. *Father's Birthplace.* City

*Name of Medical Attendant,* or other Person who makes this Return Lydia Somerville

*Address,* Clinton ave

*Remarks,*

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70567

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Forth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27 1884
4. *Place of Birth, (Street and Number)* No 11 Bartlett St.
5. *Full Name of Mother,* Katie Booker
6. *Mother's Maiden Name,* Katie Meyers
7. *Mother's Birthplace,* Lancaster Pa.
8. *Full Name of Father,* John Adam Booker
9. *Father's Occupation,* Paver
10. *Father's Birthplace,* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return Mrs Hunter

*Address,* 21 No Poppelton St

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70168

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th of March 1884
4. *Place of Birth, (Street and Number)* 506 Canton Ave.
5. *Full Name of Mother,* Mary Hagengast
6. *Mother's Maiden Name,* Mary Fuchs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Hagengast
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Wiley

*Address,* No 12 Patterson Park Ave

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

MAR 31 1884 BALTIMORE

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70569

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 27th 1884

4. Place of Birth, (Street and Number) No 196 S Bethel st

5. Full Name of Mother, Mary Hoyer

6. Mother's Maiden Name, " Healey

7. Mother's Birthplace, City

8. Full Name of Father, August Hoyer

9. Father's Occupation, Tinner

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Belz

Address, 120 Bank st.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

71570

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* March 27/84
4. *Place of Birth, (Street and Number)* 56 S. Bethel Str
5. *Full Name of Mother,* Lina Kraus
6. *Mother's Maiden Name,* Gorbel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Emil Kraus
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Louise Kraft

*Address,* 236 Canton Ave

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70571

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 27th, 1884
4. *Place of Birth, (Street and Number)* 46 Hamburg St
5. *Full Name of Mother,* Laura A. Trexler
6. *Mother's Maiden Name,* Laura A. Nolan
7. *Mother's Birthplace,* Westmoreland Co Va
8. *Full Name of Father,* Eugene B. Trexler
9. *Father's Occupation,* Captain
10. *Father's Birthplace,* Dorchester Co Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs M. A. Cottrell

*Address,* #100 Montgomery St.

*Remarks,*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

70572

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of the parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the births of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 27th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 5 Gallagher's Court |
| 5. *Full Name of Mother,* | Mrs Bridget Tierney |
| 6. *Mother's Maiden Name,* | Miss Bridget Joyce |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Mr John Tierney |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Rachel A Garrett |
| *Address,* | No 65 Burke St. |
| *Remarks,* | |

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7057

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT MAR 27 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 27 |
| 4. *Place of Birth, (Street and Number)* | 331 Madison Ave |
| 5. *Full Name of Mother* | Mapp |
| 6. *Mother's Maiden Name,* | Winburn |
| 7. *Mother's Birthplace,* | Balt. |
| 8. *Full Name of Father,* | Upshur Mapp |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return | J. H. Nelson |
| *Address,* | 707 Mad Ave. |
| *Remarks,* | |

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# RETURN OF A BIRTH 70574

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 27 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 20th 1884
4. *Place of Birth, (Street and Number)* Greenmount Ave Cor North Ave
5. *Full Name of Mother,* Zimmerman
6. *Mother's Maiden Name,* Kees
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Geo Zimmerman
9. *Father's Occupation,* Express man
10. *Father's Birthplace.* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this Return 256 E. Preston St

*Address,*

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

70575

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. March 27th 1884
4. Place of Birth, (Street and Number) 15 G. S. Fremont St
5. Full Name of Mother, Mollie Bollman
6. Mother's Maiden Name, " Bowers
7. Mother's Birthplace, City
8. Full Name of Father, Maurice C Bollman
9. Father's Occupation, Painter
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Jno D Blake

Address, 15 S Racer St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

78576

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* –
3. *Date of Birth,* March 28
4. *Place of Birth, (Street and Number)* Gilmor St.
5. *Full Name of Mother,* Maggie Cromwell
6. *Mother's Maiden Name,* Holland
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. M. Cromwell
9. *Father's Occupation,* Clerk B&O R.R.
10. *Father's Birthplace.* Balto.

*Name of Medical Attendant,* or other Person who makes this Return H. M. Wilson

*Address,* 251 Mad. Ave.

*Remarks,* Instrumental assistance

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

70177

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 25th of March 1884
4. Place of Birth, (Street and Number) 38 North Chapel strit
5. Full Name of Mother, Bertie Schmitt.
6. Mother's Maiden Name, Bertie Puntie.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Henry Puntie.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 71 North Chapel strit per Justina Kunkel

Remarks, Healthy.

---

Every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70578

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8ter Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March the 28, 1884
4. Place of Birth, (Street and Number) Walker St. No. 14.
5. Full Name of Mother, Katharine Kostens
6. Mother's Maiden Name, Katharine Kropmann
7. Mother's Birthplace, Lehe, K. Preussen, Germany
8. Full Name of Father, Hermann Kostens
9. Father's Occupation, Taylor
10. Father's Birthplace, Heiligenloh, K. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26,

Remarks, dead born

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70579

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 29
BALTIMORE

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 1. Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | W. Lite |
| 3. *Date of Birth,* | The 28th of March 1884 |
| 4. *Place of Birth, (Street and Number)* | No 97 Sommerset Street |
| 5. *Full Name of Mother,* | Ella Jorgensen |
| 6. *Mother's Maiden Name,* | Ella Sammen |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Henry Jorgensen |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Christina Sammen |
| *Address,* | 173 Harford Ave |
| *Remarks,* | Baltimore Md |
| | 1884 |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70580

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* March 28/84
4. *Place of Birth, (Street and Number)* 212 Henrietta St
5. *Full Name of Mother,* Alice Snowden
6. *Mother's Maiden Name,* " Russell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Evan Snowden
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Howard Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D. Pres. B.B.

*Address,* 146 Hanover St

*Remarks,*

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70581

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th "

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 28th 1884.
4. *Place of Birth, (Street and Number)* 400 N. Ann st.
5. *Full Name of Mother,* Mary Virginia Fleming.
6. *Mother's Maiden Name,* Mary Virginia Curtaden.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* William Fleming.
9. *Father's Occupation,* Compositor.
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Chas. B. Ziegler, M.D.

*Address,* 282 N. Broadway.

*Remarks,*

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

10582

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28th 1884
4. *Place of Birth, (Street and Number)* 293 Hanover
5. *Full Name of Mother,* Sophia Reuling
6. *Mother's Maiden Name,* " " Heil
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Rendolph Reuling
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Wm Gombel M.D.

*Address,* 170 S. Sharp St.

*Remarks,* Case of premature Labor in 6th month. Child lived 36 hours

JOHN B. PIET, PRINTER & STATIONER, BALT.

70583

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

March 29th 1884

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 28th 1884.
4. *Place of Birth, (Street and Number)* 305 Dallas St.
5. *Full Name of Mother,* Carolina Sanrparki.
6. *Mother's Maiden Name,* Carolina Borkowski.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Sanrparki.
9. *Father's Occupation,* Saborer.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Mary Amend

*Address,* No. 137 S. Wolfe St.

*Remarks,* M

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70584

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 March 1884
4. Place of Birth, (Street and Number) Balto. Parkin st No 64
5. Full Name of Mother, G. Meier
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Meier
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Dolphish

Address, 69 N Washington st

Remarks, Mary Dolphish

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7 0185

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 28th 84
4. *Place of Birth, (Street and Number)* 215 N. Townsend St.
5. *Full Name of Mother,* Agnes Smith
6. *Mother's Maiden Name,* " McLoran
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Joseph C. Smith
9. *Father's Occupation,* Wholesale Liquor Dealer
10. *Father's Birthplace,* Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return. F. Barton Brune M.D.

*Address,* 315 N. Charles St.

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

10586

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 5 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 March 1884
4. Place of Birth, (Street and Number) Scott Street 422
5. Full Name of Mother, Mary E Mansdorfer
6. Mother's Maiden Name, Mary E Ball
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Mansdorfer
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mary E Bentley

Remarks, Child living

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70587

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

APR 1 1864 BALTIMORE

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 28 March |
| 4. *Place of Birth, (Street and Number)* | Fayette & Holliday |
| 5. *Full Name of Mother,* | Annie V. Reed |
| 6. *Mother's Maiden Name,* | Lacher |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Walter W. Reed |
| 9. *Father's Occupation,* | Hotel keeper |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 72. E. Lombard street |
| *Remarks,* | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70588

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR 1 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28 March
4. *Place of Birth, (Street and Number)* 40 Bond
5. *Full Name of Mother,* Katie Metz
6. *Mother's Maiden Name,* Schaw
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Metz
9. *Father's Occupation,* Furniture-store
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard street

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7058 9

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1924 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 28th |
| 4. *Place of Birth, (Street and Number)* | 11 Myrtle Ave. |
| 5. *Full Name of Mother,* | Margaret E. Carstens, |
| 6. *Mother's Maiden Name,* | " " Sieck |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | John H. Carstens |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr Morgan |
| *Address,* | 119 W. Monument St. |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70590

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 28th 1884. |
| 4. *Place of Birth, (Street and Number)* | N. E. Cor. Franklin & Myrtle Sts. |
| 5. *Full Name of Mother,* | Ellen E. Tully. |
| 6. *Mother's Maiden Name,* | " " Sharpley. |
| 7. *Mother's Birthplace,* | Balto. City. |
| 8. *Full Name of Father,* | James E. Tully. |
| 9. *Father's Occupation,* | Clerk. |
| 10. *Father's Birthplace,* | Balto. City. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. H. Tall. M. D. |
| *Address,* | 152 Sharp. St. |
| *Remarks,* | |

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

70591

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 18th, 1884
4. *Place of Birth, (Street and Number)* Whatcoat St No. 4
5. *Full Name of Mother,* Laura Motte
6. *Mother's Maiden Name,* Laura Hartzell
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Joseph Motte
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Manchester Carroll Co.

*Name of Medical Attendant,* or other Person who makes this Return F. G. Sparrow M.D.

*Address,* #427 N. Stricker St

*Remarks,*

Sections 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70592

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 1 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 28th 1884
4. Place of Birth (Street and Number) No. 94 Division St
5. Full Name of Mother Mary A. Glocker
6. Mother's Maiden Name Mary A. Kirby
7. Mother's Birthplace Baltimore County
8. Full Name of Father Theodore W. Glocker
9. Father's Occupation Physician
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. T. W. Glocker M. D.

Address No. 94 Division St

Remarks Physical condition, Healthy

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

70193

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 28 March 1884
4. *Place of Birth, (Street and Number)* 129 Low St.
5. *Full Name of Mother,* Sarah Levy
6. *Mother's Maiden Name,* " Frank
7. *Mother's Birthplace,* Polland
8. *Full Name of Father,* Harris Levy
9. *Father's Occupation,* Notion Store
10. *Father's Birthplace,* Polland

*Name of Medical Attendant,* or other Person who makes this Return Mrs Rosa Ulbig

*Address,* 48 Holland St

*Remarks,* Balt.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70594

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 28th 1884
4. *Place of Birth (Street and Number)* 23 E Mulligan St
5. *Full Name of Mother* Sarah Jane Jackson
6. *Mother's Maiden Name* " " Winson
7. *Mother's Birthplace* Anne Arundel Co
8. *Full Name of Father* Andrew Jackson
9. *Father's Occupation* Farm Hand
10. *Father's Birthplace* Anne Arundel Co.

*Name of Medical Attendant,* or other Person who makes this Return. City Bookman

*Address* 25 [illegible]

*Remarks*

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70195

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 28th 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 169 Hutson St. |
| 5. *Full Name of Mother,* | Mrs Mary Reynolds |
| 6. *Mother's Maiden Name,* | Miss Mary Robinson |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Adolphus Reynolds |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs R. A. Garrett |
| *Address,* | No. 65 Burke St. |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

70596

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 5 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28. 1884
4. Place of Birth, (Street and Number) Pierce Street 225
5. Full Name of Mother, Ada Stocksdale
6. Mother's Maiden Name, " Cromwell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George S. Stocksdale
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 No Poppleton St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70597

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28th March 1884
4. Place of Birth, (Street and Number) 270 Light
5. Full Name of Mother, Annie Bowman
6. Mother's Maiden Name, " Watson
7. Mother's Birthplace, Balt
8. Full Name of Father, Philip S. Bowman
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return H. W. Wetsler

Address, 5 Barnett

Remarks,

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

70598

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 23 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 28/84
4. *Place of Birth, (Street and Number)* 104 Greenmount Av
5. *Full Name of Mother* Elizabeth Hausch
6. *Mother's Maiden Name* " Otthofer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Hausch
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Edward J. McDevitt

*Address* 54 Aisquith St

*Remarks*

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

10499

HEALTH DEPARTMENT
7
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Mch 28/84 |
| 4. *Place of Birth, (Street and Number)* | 30 N. Stricker St |
| 5. *Full Name of Mother,* | Mary D. Webb |
| 6. *Mother's Maiden Name,* | " " Williams |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | George F. West |
| 9. *Father's Occupation,* | Electician |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Opie M.D. |
| *Address,* | |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. K. PIET & CO., CITY PRINTERS AND STATIONERS.

10600

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAR 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March the 29 1884.
4. Place of Birth, (Street and Number) Castle St. no number
5. Full Name of Mother, Mary Reinhold
6. Mother's Maiden Name, Mary Schulz
7. Mother's Birthplace, Glauchau K. Sachsen Germany
8. Full Name of Father, Friedrich Reinhold
9. Father's Occupation, Dyer
10. Father's Birthplace, Glauchau K Sachsen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St, No 26.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN E. PIET & CO., CITY PRINTERS AND STATIONERS.

7061

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 31 1894
BALTIMORE, MD.

March 30th 1894

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd a.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 29th 1894.
4. Place of Birth, (Street and Number) 46 Gough St.
5. Full Name of Mother, Henriette Hagen.
6. Mother's Maiden Name, Henriette Krug.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Geo'g Hagen.
9. Father's Occupation, Baker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, No. 137 S. Bond St.

Remarks, —

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FEY & CO., CITY PRINTERS AND STATIONERS.

70602

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR
1
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 27th 184
4. Place of Birth, (Street and Number) No 335 S. Charles St.
5. Full Name of Mother, Elizabeth Maria Mussetter,
6. Mother's Maiden Name, " " Muhly
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Fred. Muss
9. Father's Occupation, Plumber Gas Fitter,
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Minah No 1. Lidenthall St

Address,

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N P. FIET & CO., CITY PRINTERS AND STATIONERS.

7060 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 29th 1884

4. Place of Birth, (Street and Number) No 254 S Bond st

5. Full Name of Mother, Mary Klueter

6. Mother's Maiden Name, " Crum

7. Mother's Birthplace, City

8. Full Name of Father, Henry Klueter

9. Father's Occupation, Carpenter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bell

Address, 120 Bank st

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70604

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th day of March 1884
4. Place of Birth, (Street and Number) Scoot st 170
5. Full Name of Mother, Mina Mix
6. Mother's Maiden Name, Mina ~~Mix~~ Piker
7. Mother's Birthplace, Baltimore County Md
8. Full Name of Father, John Thomas Mix
9. Father's Occupation, Saweyr
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return Käth Münch

Address, 1 Sardenhall st

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N P. PIET & CO., CITY PRINTERS AND STATIONERS.

70605

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 29th 1884 |
| 4. *Place of Birth, (Street and Number)* | Fairmount ave. 155 |
| 5. *Full Name of Mother,* | Georgeann Barr |
| 6. *Mother's Maiden Name,* | Georgeann Guthrie |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Bankard Barr |
| 9. *Father's Occupation,* | Shoemaker |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs [redacted] Knode |
| *Address,* | 136 S Caroline St |
| *Remarks,* | |

APR 1 1884 BALTIMORE

SEC. 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

GEO. W. FIELD & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-29-55

70606

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Cora Simmons

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 29 - 1884 |
| 4. *Place of Birth, (Street and Number)* | 183 Patapsco st |
| 5. *Full Name of Mother,* | Caroline Simmons |
| 6. *Mother's Maiden Name,* | Caroline Millenburg |
| 7. *Mother's Birthplace,* | Joseph Simmons |
| 8. *Full Name of Father,* | Baltimore |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Dorchester County |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Anna Nash |
| *Address,* | |
| *Remarks,* | |

ore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and ister of such birth, and shall enter the same on a blank schedule to be furnished by the Commis- of Health. This schedule shall contain a list of the births which have occurred under his or her care the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70607

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of March 1884
4. *Place of Birth, (Street and Number)* No 101 Whilliam St
5. *Full Name of Mother,* Annie Pepersack
6. *Mother's Maiden Name,* Annie Winter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Pepersack
9. *Father's Occupation,* Confecksioner
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sabina Greshaber

*Address,* No 128 West St

*Remarks,*

SECTION 6.—Also be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...HN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Missing

70608

# RETURN OF A BIRTH

16609

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother.* (*state whether* 1st, 2*d*, 3*d*, &c.) | Fifth |
| 1. *Sex.* (*state whether male or female*) | Female |
| 2. *Race or Color.* (*if not of the white race*) | White |
| 3. *Date of Birth.* | March 29th 1884 |
| 4. *Place of Birth.* (*Street and Number*) | 112 Hare Street |
| 5. *Full Name of Mother.* | Mrs Margaret Richards |
| 6. *Mother's Maiden Name.* | Mrs Margaret Roback |
| 7. *Mother's Birthplace.* | Baltimore |
| 8. *Full Name of Father.* | Mr Jacob Richards |
| 9. *Father's Occupation.* | Laborer |
| 10. *Father's Birthplace.* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Rachel A. Gaisert |
| *Address.* | Nr 65 Burke Street |
| *Remarks.* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

70610

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29th 1884
4. *Place of Birth, (Street and Number)* 185 Scott St
5. *Full Name of Mother,* Mary E. Hillin
6. *Mother's Maiden Name,* " " Mathews
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Cyrus R. Hillin
9. *Father's Occupation,* Harness Maker
10. *Father's Birthplace,* Penn

*Name of Medical Attendant,* or other Person who makes this Return Jno D Blake

*Address,* 157 S Paca St

*Remarks,*

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

Feb 11

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 4 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 27th of March
4. Place of Birth, (Street and Number) 12 Plum Alley
5. Full Name of Mother, Susan Maddox
6. Mother's Maiden Name, Susan Strichnine
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Guillain Maddox
9. Father's Occupation, Bricklayer Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Emilie Gross

Address, 12 Plum Alley

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7061 2

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 te Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 29 th 1884
4. Place of Birth, (Street and Number) No 298 s. Charles st.
5. Full Name of Mother, Emilia Strup
6. Mother's Maiden Name, Reiger
7. Mother's Birthplace, America
8. Full Name of Father, Jacob Strup
9. Father's Occupation, Laborer
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return J. Schweitzer midwife

Address, 330 Hanover st.

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 4 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8. Child |
| 1. *Sex, (state whether male or female)* | Little Girl |
| 2. *Race or Color, (if not of the white race)* | Race White |
| 3. *Date of Birth,* | 29th of March. 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore 182 Raborg st city |
| 5. *Full Name of Mother,* | Mrs. Maggie Kunt |
| 6. *Mother's Maiden Name,* | Miss Maggie Keuler |
| 7. *Mother's Birthplace,* | Born in Germany Kerrendarmstuete |
| 8. *Full Name of Father.* | Mr Henry Kunt |
| 9. *Father's Occupation,* | Shoe Maker by Trade |
| 10. *Father's Birthplace,* | Born in Germany Waldeck |
| *Name of Medical Attendant,* or other Person who makes this Return | 1017 Mrs. Killi |
| *Address,* | 1017 West Pratt st city |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N F. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 70614

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* march 27 1884
4. *Place of Birth, (Street and Number)* 117 south chester st
5. *Full Name of Mother* bassie J Richardson
6. *Mother's Maiden Name* bassie J Brown
7. *Mother's Birthplace* virginia
8. *Full Name of Father* Samuel T Richardson
9. *Father's Occupation* Rigger
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. mary conner 153

*Address* Collington ave

*Remarks*

70615

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 18 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March 29
4. *Place of Birth, (Street and Number)* Plumaley no 10
5. *Full Name of Mother,* Eliger Grimes
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Calvert Co
8. *Full Name of Father,* John Grimes
9. *Father's Occupation,* driver
10. *Father's Birthplace,* Dorchester Co

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Howard St 368

*Remarks,*

SECTION C.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70616

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
6
1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 st (Twins) |
| 1. *Sex, (state whether male or female)* | Male & Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 29 th 1884 |
| 4. *Place of Birth, (Street and Number)* | 196 Hanford Ave |
| 5. *Full Name of Mother,* | Mary Dunn |
| 6. *Mother's Maiden Name,* | Harris |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | J. W. Dunn |
| 9. *Father's Occupation,* | Photographer |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return | M. B. Billingslea |
| *Address,* | 256 E. Preston St |
| *Remarks,* | |

O DULANY & CO., CITY PRINTERS AND STATIONERS

70617

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 5 1934 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29th 7:40 A.M. 1884
4. Place of Birth, (Street and Number) 98 E. Fremont
5. Full Name of Mother, Mary Wibking
6. Mother's Maiden Name, Mary Lotz
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Chas. Henry Wibking
9. Father's Occupation, Boss Mason
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return James E Donnelly M.D.

Address, 299 E Baltimore St

Remarks,

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

70618

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 5 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No. 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of March
4. *Place of Birth, (Street and Number)* No. 2 Jefferson St
5. *Full Name of Mother,* Ida Ellen Church
6. *Mother's Maiden Name,* Ida Ellen Leach
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George G. Church
9. *Father's Occupation,* Boiler maker
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Jane E Bayless

*Address,* No. 386 Sharpford Av

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

70619

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | March 30th 1884. |
| 4. *Place of Birth, (Street and Number)* | # 446 E Lombard St |
| 5. *Full Name of Mother,* | Lucy Webster |
| 6. *Mother's Maiden Name,* | Lucy Cordif |
| 7. *Mother's Birthplace,* | Washington D.C. |
| 8. *Full Name of Father,* | John F. Webster |
| 9. *Father's Occupation,* | Oyster Packer |
| 10. *Father's Birthplace.* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return | Saml F. Powell MD |
| *Address,* | # 29 Aisquith Street. |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

70620

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 30th 1884
4. *Place of Birth (Street and Number)* 1120 Gilmore Street Baltimore
5. *Full Name of Mother* Elizabeth Ellen Trator
6. *Mother's Maiden Name* Elizabeth Ellen Lowe
7. *Mother's Birthplace* Wicomico County Eastern shore
8. *Full Name of Father* John Lenos Trator
9. *Father's Occupation* Lumber inspector
10. *Father's Birthplace* Wicomico County Eastern Shore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs R C Bush

*Address* 409 N. Stricker street

*Remarks* Healthy

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70621

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 5 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 30 1884

4. Place of Birth, (Street and Number) 64 Park Ave.

5. Full Name of Mother, Mary Dieshinger

6. Mother's Maiden Name, Mary Schewe

7. Mother's Birthplace, Fritz Dieshinger Baltimore

8. Full Name of Father, Fritz Dieshinger

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Susan Shuster

Address, 21 & 16 Appleton St

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70622

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Name: Edith Irene Reitz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th March 1884
4. Place of Birth, (Street and Number) 82 Warren
5. Full Name of Mother Reitz
6. Mother's Maiden Name. Annie Rickster
7. Mother's Birthplace, Balt
8. Full Name of Father, Fred Reitz
9. Father's Occupation, Glass Blower
10. Father's Birthplace. Balt

Name of Medical Attendant, or other Person who makes this Return H. W. Webster

Address, 57 Barnet

Remarks,

O. DULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

70693

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.)

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* March 30
4. *Place of Birth* (Street and Number) No. 109 Raburg street
5. *Full Name of Mother* Hester Dorsey
6. *Mother's Maiden Name* Hester Wells
7. *Mother's Birthplace* Wosler County Maryland
8. *Full Name of Father* Robert Dorsey
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace* Lewisburg County

*Name of Medical Attendant*, or other Person who makes this Return. Jane Baker

*Address* 66 Cider Alley

*Remarks*

7062 A

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30: 84
4. Place of Birth, (Street and Number) 392 N. Baltimore st
5. Full Name of Mother, Jeanette Burton
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Jas A. Burton
9. Father's Occupation, Carriage Builder
10. Father's Birthplace, Baltimore Co:

Name of Medical Attendant, or other Person who makes this Return D. E. Williams M.D.

Address, 201 Madison Ave

Remarks,

HEALTH DEPARTMENT APR 10 1884 BALTIMORE

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7062

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
14
1884
BALTIMORE.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 30/84 |
| 4. *Place of Birth, (Street and Number)* | 75 Lancaster |
| 5. *Full Name of Mother,* | Mary Bouse |
| 6. *Mother's Maiden Name,* | " Hasley |
| 7. *Mother's Birthplace,* | Balto City |
| 8. *Full Name of Father,* | Robt Bouse |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Balto City |
| *Name of Medical Attendant,* or other Person who makes this Return. | R W Mansfield M.D. |
| *Address,* | 1170 Broadway |
| *Remarks,* | |

JOHN D. PIET, PRINTER & STATIONER, BALT.

70626

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th 1884

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 30th 1884
4. Place of Birth (Street and Number) 58 Stiles St
5. Full Name of Mother J. Stapleton
6. Mother's Maiden Name J. Troy
7. Mother's Birthplace Ireland
8. Full Name of Father Mathew Stapleton
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds M.D.

Address 171 N. Calvert

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAR 31 1884 BALTIMORE

Name of Child: Thomas Canavan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1881
4. Place of Birth, (Street and Number) 240 Bank Street.
5. Full Name of Mother, Mary Canavan
6. Mother's Maiden Name, " Cloughesty
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Canavan
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return James J. McShane, M.D.

Address, 417 E. Pratt Street

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70628

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. 9.

1. Sex, (state whether male or female) Males Twins
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30 1884
4. Place of Birth, (Street and Number) N° 87 Grindall
5. Full Name of Mother, Julia Blair
6. Mother's Maiden Name, Julia Mattingley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jerry Blair
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Baltazine Thornsberry

Address, N° 18 Byrd st

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70629

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1. Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W Life

3. Date of Birth, The 30 of March 1884

4. Place of Birth, (Street and Number) No 24 Greenmount Ave

5. Full Name of Mother, Johanna O Neill

6. Mother's Maiden Name, Johanna Fitzgerald

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Charles O Neill

9. Father's Occupation, Saloon

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Christina Lauer

Address, No 173 Stanford Ave

Remarks, Baltimore Md.

1884

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70630

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 30 March
4. Place of Birth, (Street and Number) 13 S. Eden street
5. Full Name of Mother, Barbara Couch
6. Mother's Maiden Name, Will
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Couch
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 12. E. Lombard street

Remarks,

HEALTH DEPARTMENT APR 1 1864 BALTIMORE.

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

70631

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether male ~~or female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 P.M. 30th March, 1884.
4. *Place of Birth (Street and Number)* 95 Linden Avenue, Balto. Md.
5. *Full Name of Mother* Annie Mullanney
6. *Mother's Maiden Name* Annie Lyons
7. *Mother's Birthplace* Cork – Ireland
8. *Full Name of Father* James Mullanney
9. *Father's Occupation* Coachman
10. *Father's Birthplace* County Roscommon, Ireland.

*Name of Medical Attendant, or other Person who makes this Return.* Wm. J. Worth M.D.

*Address* 236 W. Howard St

*Remarks*

*rect Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70632

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord Race
3. Date of Birth, Sunday March 30 1884
4. Place of Birth, (Street and Number) No 2 0 Bowen ally
5. Full Name of Mother, Mary Scott
6. Mother's Maiden Name, Mary Brown
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wilman Scott
9. Father's Occupation, laboring man
10. Father's Birthplace, not known

Name of Medical Attendant, or other Person who makes this Return Mary J Richardson

Address, No 212 Dover St City

Remarks, Mother and child doing well at present

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

706 33

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 10 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 30th of March
4. *Place of Birth, (Street and Number)* Howard st 22
5. *Full Name of Mother,* Maria Soden
6. *Mother's Maiden Name,* Driviers
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chester Soden
9. *Father's Occupation,* Single
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Wilson

*Address,* Howard St 368

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the Births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70634

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30th 1884
4. *Place of Birth, (Street and Number)* No. 93 Mulikin St.
5. *Full Name of Mother,* Minnie Cluber
6. *Mother's Maiden Name,* Minnie Doshil
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Cluber
9. *Father's Occupation,* P. Frame Gilder
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return M. A. Butt

*Address,* 185 S E. cor Centre ave. & Monument St.

*Remarks,* All Well

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...HN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7635

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 31 st 1884 |
| 4. *Place of Birth, (Street and Number)* | 270 Lexington St |
| 5. *Full Name of Mother.* | Amelia Motz |
| 6. *Mother's Maiden Name,* | Amelia Dalbach |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | R F Motz |
| 9. *Father's Occupation,* | Stonecutter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Felix Jennings |
| *Address,* | 2 Eastern St. |
| *Remarks,* | |

O. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7636

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 31st 1884 |
| 4. *Place of Birth, (Street and Number)* | 329 Lexington St |
| 5. *Full Name of Mother,* | Clara Smith |
| 6. *Mother's Maiden Name,* | Clara Ring |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Samuel Smith |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Felix Jenkins |
| *Address,* | 2 Cathedral St. |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

O. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 6-7-54

70637

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Maggie Mc Gregar Monroe

| | |
|---|---|
| *No. of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) | Second |
| 1. *Sex*, (*state whether male or female*) | Female |
| 2. *Race or Color*, (*if not of the white race*) | White |
| 3. *Date of Birth*, | March 31st 1884 |
| 4. *Place of Birth*, (*Street and Number*) | No 6 Potomac Street canton |
| 5. *Full Name of Mother*, | Edith M. Monroe |
| 6. *Mother's Maiden Name*, | Edith M. Mc Dougal |
| 7. *Mother's Birthplace*, | Picton Canada |
| 8. *Full Name of Father*, | Simon Monroe |
| 9. *Father's Occupation*, | Bridge Builder |
| 10. *Father's Birthplace*, | Maitland Canada |
| *Name of Medical Attendant*, or other Person who makes this Return | Mrs Sarah Gallens |
| *Address*, | 104 burley street |
| *Remarks*, | |

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

70658

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 of March 1884
4. *Place of Birth, (Street and Number)* No 102 York St 1884
5. *Full Name of Mother,* Mary Randels
6. *Mother's Maiden Name,* Mary Sash
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michal Randels
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Erland

*Name of Medical Attendant,* or other Person who makes this Return Sabina Greshalve

*Address,* No 128 West St

*Remarks,*

[illegible] And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]HN P. PIET & CO., CITY PRINTERS AND STATIONERS.

7d639

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 of March 1884
4. Place of Birth, (Street and Number) No 11 West St
5. Full Name of Mother, Maggie Benhart
6. Mother's Maiden Name, Maggie Murphy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edwards Benhart
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Buckabee

Address, No 125 West St

Remarks,

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70640

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1984 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Four |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | March "31" 84 |
| 4. *Place of Birth, (Street and Number)* | No 98 W. Pratt St |
| 5. *Full Name of Mother,* | Amelia Cooper |
| 6. *Mother's Maiden Name,* | Amelia Cornish |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Thomas Cooper |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Leah Walker |
| *Address,* | 89 N Spring St. |
| *Remarks,* | |

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

10641

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Four

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 31st 84
4. *Place of Birth, (Street and Number)* 33 N. Spring St
5. *Full Name of Mother,* Joannah Smith-
6. *Mother's Maiden Name,* Joannah Poulson
7. *Mother's Birthplace,* Post Deposit Cecil Co Md
8. *Full Name of Father,* Fred. Smith-
9. *Father's Occupation,* " Laborer
10. *Father's Birthplace.* Baltimore Co-

*Name of Medical Attendant,* or other Person who makes this Return Leah. Walker

*Address,* no 87 north Spring St

*Remarks,*

J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 31. 84
4. Place of Birth, (Street and Number) South Wolfstr. No
5. Full Name of Mother, Anny Hemicke 151
6. Mother's Maiden Name, Tarwes
7. Mother's Birthplace, Balt.
8. Full Name of Father, Friedrich Hemicke
9. Father's Occupation, Kabinetmaker
10. Father's Birthplace, Westphalia

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Rambach

Address, S. Wolfstr. No 14

Remarks,

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

7064B

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | Thirty first of March 1884 |
| *4. Place of Birth (Street and Number)* | 18 Stockholm St |
| *5. Full Name of Mother* | Sarah E Thompson |
| *6. Mother's Maiden Name* | " " Gordon |
| *7. Mother's Birthplace* | Cumberland Co Md |
| *8. Full Name of Father* | Eli Thompson |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Annarundel Co Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Lavina Mills |
| *Address* | 46 Stockholm St |
| *Remarks* | Mother and Child doing well |

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70644

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 31st 1884
4. *Place of Birth (Street and Number)* 102 S. Chester
5. *Full Name of Mother* Mary Jane Houck
6. *Mother's Maiden Name* " " Baker
7. *Mother's Birthplace* Balto. Co
8. *Full Name of Father* Lloyd Henry Houck
9. *Father's Occupation* Brickyard Hand
10. *Father's Birthplace* Balto Co.

*Name of Medical Attendant,* or other Person who makes this Return. City Lockman

*Address* 25 Gist St.

*Remarks*

70645

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first child

1. *Sex, (state whether male or female)* male child
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 31, March 1884
4. *Place of Birth, (Street and Number)* 135 Vincent alley
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Willie Parker
7. *Mother's Birthplace,* Calvert Co. Md
8. *Full Name of Father,* Lewis Lee
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Calvert, Co. Md

*Name of Medical Attendant,* or other Person who makes this Return Mary Cowes

*Address,* No 17 Walpurt

*Remarks,*

HEALTH DEPARTMENT APR 23 1884 BALTIMORE.

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

Table

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 18 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 31 march
4. Place of Birth, (Street and Number) Cross St 298
5. Full Name of Mother, Anna gits
6. Mother's Maiden Name, green
7. Mother's Birthplace, Balto
8. Full Name of Father, Alexander gits
9. Father's Occupation, driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Howard St 368

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70647

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 31st 1884.
4. *Place of Birth, (Street and Number)* No 176. Mulberry St.
5. *Full Name of Mother,* Rose. George.
6. *Mother's Maiden Name,* " " Lautner.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Freadrick George.
9. *Father's Occupation,* Fresco. Painter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Anna Lindner

*Address,* No 45 S. Monroe St.

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

© DULANY & CO., CITY PRINTERS AND STATIONERS

70648

# RETURN OF A BIRTH

GIVEN NAME ADDED 11-12-53

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Emma Catherine Zimmerman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sunday March 31st 1884

4. Place of Birth, (Street and Number) No. 62 South Greene st

5. Full Name of Mother, Catherine Zimmerman

6. Mother's Maiden Name, Catharine Henkel

7. Mother's Birthplace, Germany

8. Full Name of Father, Geo. Zimmerman

9. Father's Occupation, Tinner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Bill Wing

Address, 1 Saratoga st

Remarks,

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FEE & CO., CITY PRINTERS AND STATIONERS.

Tab 49

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 31 of March 1884
4. Place of Birth, (Street and Number) No 295 Central Ave
5. Full Name of Mother, Maggie Weise
6. Mother's Maiden Name, Maggie Moohr
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles M Weise
9. Father's Occupation, Order Clerk in the Glassware Crockery Ware
10. Father's Birthplace, Baltimore Md. City

Name of Medical Attendant, or other Person who makes this Return Mrs Christina Lauer

Address, No 173 Harford Ave

Remarks, Baltimore Md 1884

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70650

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

*No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex*, (*state whether male or female*)

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*,

4. *Place of Birth*, (*Street and Number*)

5. *Full Name of Mother*,

6. *Mother's Maiden Name*,

7. *Mother's Birthplace*,

8. *Full Name of Father*,

9. *Father's Occupation*,

10. *Father's Birthplace*,

*Name of Medical Attendant*, or other Person who makes this Return

*Address*,

*Remarks*,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 70601

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 8 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth* March 31/84
4. *Place of Birth, (Street and Number)* 642 Light St
5. *Full Name of Mother* Lizzie Klain
6. *Mother's Maiden Name* " Gies
7. *Mother's Birthplace* Prusia
8. *Full Name of Father* Henry A. Klain
9. *Father's Occupation* Labor Man
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. Annie Gems

*Address* 634 Light St

*Remarks*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7062

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 7 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31th 1884
4. Place of Birth, (Street and Number) No 203 Frederick Road.
5. Full Name of Mother, Mrs Maggie Baer.
6. Mother's Maiden Name, Maggie Hammerbacher.
7. Mother's Birthplace, In Balto City
8. Full Name of Father, Mr Andrew Baer.
9. Father's Occupation, Hair Spinner.
10. Father's Birthplace, In Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Hiler

Address, No 1017 W. Pratt St.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any same shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

JOHN F. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7065 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother,* (*state whether* 1st, 2d, 3d, &c.) 4

1. *Sex,* (*state whether male or female*) male & female Twins
2. *Race or Color,* (*if not of the white race*) Colord
3. *Date of Birth,* March 31 1884
4. *Place of Birth,* (*Street and Number*) No 8 Julery ally
5. *Full Name of Mother,* Emma gross
6. *Mother's Maiden Name,* Emma Tolley
7. *Mother's Birthplace,* Eston Shore Cent County Md
8. *Full Name of Father,* Richard Gross
9. *Father's Occupation,* Cabroy
10. *Father's Birthplace,* Calvert County

*Name of Medical Attendant,* or other Person who makes this Return Charlott Warren

*Address,* No 258 Raburg St

*Remarks,* None

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

70654

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 4 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 31st 1884
4. *Place of Birth, (Street and Number)* 6 Chesnut St
5. *Full Name of Mother,* Francis Johnson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Eastern Shore Md
8. *Full Name of Father,* Thomas Downs
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other Person who makes this Return Dorcas for Jenkins

*Address,* 166 Chesnut St

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN E. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70605

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th Tenth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31st March 1884
4. *Place of Birth, (Street and Number)* 121 Patterson Park Avenue
5. *Full Name of Mother,* Eliza Boyesen
6. *Mother's Maiden Name,* Eliza Jackenberg
7. *Mother's Birthplace,* Laurvig Norway Europe
8. *Full Name of Father,* Peter Johan Boyesen
9. *Father's Occupation,* Danish Vice consul
10. *Father's Birthplace,* Porsgrunn Norway Europe

*Name of Medical Attendant,* or other Person who makes this Return Ellen Smith

*Address,* Gough Stnt 214.

*Remarks,*

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH.

70656

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
2. Sex (state whether Male or Female) Male
3. Race or Color (if not of the white race)
4. Date of Birth March 31st 1884
5. Place of Birth (Street and Number) 165 N. Front
6. Full Name of Mother Mary Tracy
7. Mother's Maiden Name " Conlon
8. Mother's Birthplace Ireland
9. Full Name of Father Jeremiah Tracy
10. Father's Occupation Stone Polisher
11. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds M.D.

Address 171 N Calvert

Remarks

of the parents, and

70657

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, April 1st 1884.
4. Place of Birth, (Street and Number) S E cor of Lexington & Pearl Sts.
5. Full Name of Mother, Marietta Burgison
6. Mother's Maiden Name, Marietta Merrett
7. Mother's Birthplace, Kent Co. Md
8. Full Name of Father, Joseph R. Burgison
9. Father's Occupation, Tinner
10. Father's Birthplace, Philadelphia, Pa

Name of Medical Attendant, or other Person who makes this Return John J. R. Kroger M.D.

Address. 273 Lexington St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the c[illegible] and deaths of illegitimate children, and any person or persons who shall hereafter fail to [illegible] the provisions of this section shall be subject to a fine of ten dollars for each offence, to be rec[illegible] fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Records of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7038

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 1st 1884

4. Place of Birth, (Street and Number) 315 Argyle Ave.

5. Full Name of Mother, Susan V Bilson

6. Mother's Maiden Name, Phillips

7. Mother's Birthplace, Va

8. Full Name of Father, Andrew J. Bilson

9. Father's Occupation, Plasterer

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D. 431 Penn. Av. Cor. Wilson

Address,

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70609

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Two

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* April 1st, 84
4. *Place of Birth, (Street and Number)* No. 8 Kallas St
5. *Full Name of Mother,* Dealia Dockins.
6. *Mother's Maiden Name,* Dealia Carr.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Andrew Dockins.
9. *Father's Occupation,* Laborer,
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Leah Walker.

*Address,* No. 89 Spring St

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70660

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 of April 1884
4. *Place of Birth, (Street and Number)* No 227 Whilliam St
5. *Full Name of Mother,* Kate Bopp
6. *Mother's Maiden Name,* Kate Christ
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Bopp
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sabina Gerhabe

*Address,* Hoover West St

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

7066

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 16 April |
| 4. *Place of Birth, (Street and Number)* | No 351 S. Charles St rear |
| 5. *Full Name of Mother,* | Lizzie Kertenbacher |
| 6. *Mother's Maiden Name,* | Lizzie Burchinoald |
| 7. *Mother's Birthplace,* | Hanover |
| 8. *Full Name of Father,* | Henry Kertenbacher |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Hanover |
| *Name of Medical Attendant,* or other Person who makes this Return | Sabina Grechaber |
| *Address,* | No 128 West St |
| *Remarks,* | |

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7.0 Hz

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 7th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 1st 1884 |
| *4. Place of Birth (Street and Number)* | 78 Durst al |
| *5. Full Name of Mother* | Catherine Rollins |
| *6. Mother's Maiden Name* | " Keels |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | John Rollins |
| *9. Father's Occupation* | Painter |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | O. A. Cooke, M.D. |
| *Address* | 110 Fort ave |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7066

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 3rd |
| *1. Sex* (state whether Male or Female) | Male |
| *2. Race or Color* (if not of the white race) | white |
| *3. Date of Birth* | April 1st 1884 |
| *4. Place of Birth* (Street and Number) | 13 Lorman st |
| *5. Full Name of Mother* | Cornelia Coe |
| *6. Mother's Maiden Name* | " Pettegrew |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Henry Slicer Coe |
| *9. Father's Occupation* | Methodist-Episcopal Preacher |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jas. E. Gibbons M.D. |
| *Address* | 47 Edmondson ave |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH

70664

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 4 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st April
4. *Place of Birth, (Street and Number)* Baltimore city 571 Hanover St
5. *Full Name of Mother,* Margaret Funk
6. *Mother's Maiden Name,* Margaret Markolf
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Emil Funk
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return Mrs Conway

*Address,* 181 Battery Avenue

*Remarks,* Healthy

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7666

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 4 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6ter Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April the 1, 1884
4. Place of Birth, (Street and Number) Eastern Av. No 96
5. Full Name of Mother, Elisabetha Jöckel
6. Mother's Maiden Name, Elisabetha Weinzmann
7. Mother's Birthplace, Balto City
8. Full Name of Father, Eduard Jöckel
9. Father's Occupation, Baker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Ballas St. No 26

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70666

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

April 2nd 1884

HEALTH DEPARTMENT APR 5 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1884.
4. Place of Birth, (Street and Number) 132 Lombard St.
5. Full Name of Mother, Katie Wolf
6. Mother's Maiden Name, Katie Oberel
7. Mother's Birthplace, America
8. Full Name of Father, Philip Wolf
9. Father's Occupation, Painter
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, No. 137 S. Wolfe St.

Remarks, 31

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70667

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* (4) fourth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 1 - 1894.
4. *Place of Birth, (Street and Number)* 109 Dover st.
5. *Full Name of Mother,* Carolina Biermar
6. *Mother's Maiden Name,* Carolina Lunge
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Biermar
9. *Father's Occupation,* Bop maker
10. *Father's Birthplace.* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Kunigunda Schlifer

*Address,* 20 Columbia Ave

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Correct Records of Vital Statistics in the City of Baltimore.*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7068

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 4, 1884
4. Place of Birth, (Street and Number) 414 Walker St Balto. Md.
5. Full Name of Mother, Elizabeth Horn
6. Mother's Maiden Name, " Judd
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Horn
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Caroline Miller

Address, 415 Walker St. Balto. Md.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70669

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Collor White
3. *Date of Birth* First of April
4. *Place of Birth (Street and Number)* Argyle avenue No 220
5. *Full Name of Mother* georgeana Armstrong age 18
6. *Mother's Maiden Name* georgeana Terfield
7. *Mother's Birthplace* Agusta georgea
8. *Full Name of Father* James arba armstrong
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Susan White

*Address* Monthly Nurse

*Remarks* No 73 Fopleton St

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70670

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

HEALTH DEPARTMENT APR 12 1894 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 1 1894 |
| 4. *Place of Birth, (Street and Number)* | 372 Park Ave. |
| 5. *Full Name of Mother,* | Fanny Lyons |
| 6. *Mother's Maiden Name,* | Fanny Fritz |
| 7. *Mother's Birthplace,* | Maine |
| 8. *Full Name of Father,* | Henry Lyons |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | St Louis Mo |
| *Name of Medical Attendant,* or other Person who makes this Return | A R Arnold M.D. |
| *Address,* | |
| *Remarks,* | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70671

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1. 1884
4. *Place of Birth, (Street and Number)* 44 Liberty St
5. *Full Name of Mother,* Hannah Gutman
6. *Mother's Maiden Name,* Hannah Kraffman
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Julius Gutman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return A R Hilderd Mr

*Address,*

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70672

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 April
4. *Place of Birth, (Street and Number)* 41 Saratoga St
5. *Full Name of Mother,* Lena Gojack
6. *Mother's Maiden Name,* " Kaiser
7. *Mother's Birthplace,* Hanover Europe
8. *Full Name of Father,* August Gojack
9. *Father's Occupation,* Tavern
10. *Father's Birthplace,* Hanover Europe

*Name of Medical Attendant,* or other Person who makes this Return Mrs Rosa Wrig

*Address,* 48 Holland St

*Remarks,* Balt.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 7067

## *To the Office of Registrar of Vital Statistics, Board of Health.*

### *BALTIMORE CITY.*

HEALTH DEPARTMENT APR 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd C

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 1th of April 1874.
4. *Place of Birth, (Street and Number)* 466 Calhoun St.
5. *Full Name of Mother* Annie Mary Bankard
6. *Mother's Maiden Name* Annie Mary Tough
7. *Mother's Birthplace* England
8. *Full Name of Father* Wesley Fillmore Bankard
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Carroll

*Address* 17 Woodyear St.

*Remarks*

7067 11

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 17 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1th 1884
4. Place of Birth, (Street and Number) 412 Canton av
5. Full Name of Mother, Lizzie Teltremier
6. Mother's Maiden Name, Gemmier
7. Mother's Birthplace, Germany
8. Full Name of Father, William Teltremier
9. Father's Occupation, Captain
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

1067

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 18 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* 1 of April

4. *Place of Birth, (Street and Number)* Stockholm st 14

5. *Full Name of Mother,* Sarah Parker

6. *Mother's Maiden Name,* Snider

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Samuel Parker

9. *Father's Occupation,* Singer

10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Howard st 368

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

70676

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 23 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 1. 1884 |
| *4. Place of Birth (Street and Number)* | 179 Argyle Ave |
| *5. Full Name of Mother* | Emma Herring |
| *6. Mother's Maiden Name* | Cobb |
| *7. Mother's Birthplace* | City |
| *8. Full Name of Father* | C. F. Herring |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | City. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm E. Mosely M. D. |
| *Address* | 248 N. Eutaw St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70677

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 1st 1884
4. *Place of Birth, (Street and Number)* 103 York St
5. *Full Name of Mother,* Mary Goldsborough
6. *Mother's Maiden Name,* Mary Gray
7. *Mother's Birthplace,* Harrison Greenville
8. *Full Name of Father,* Thomas Goldsborough
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Margaret Gray

*Address,* 70 Welcome Ave

*Remarks,*

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall be conferred.) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ohn Murphy & Co., City Printers and Stationers.

70678

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 3th 1884
4. Place of Birth, (Street and Number) Stockton Alt 3
5. Full Name of Mother, harite long
6. Mother's Maiden Name, harit Car
7. Mother's Birthplace, Elicketr City
8. Full Name of Father, Mark Car
9. Father's Occupation, labor
10. Father's Birthplace, Ennapler

Name of Medical Attendant, or other Person who makes this Return Chollotz proctor Mid Wif

Address, No 10 Carlton st

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PITT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

70679

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 3 1984 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth April 2nd '84

4. Place of Birth (Street and Number) 49 Penn alley

5. Full Name of Mother Mary C. Adams

6. Mother's Maiden Name " " "

7. Mother's Birthplace Balto. City

8. Full Name of Father Unknown

9. Father's Occupation " "

10. Father's Birthplace " "

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120 N. Green St.

Remarks

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70680

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, April 2 1884
4. Place of Birth, (Street and Number) 191 Mullinkin St
5. Full Name of Mother,
6. Mother's Maiden Name, Marry Mary
7. Mother's Birthplace, Harford County
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Lucindia Wooford

Address, 131 N Register St

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70681

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2nd
4. *Place of Birth, (Street and Number)* 209 N Calvert St
5. *Full Name of Mother,* Lavinia Roberts
6. *Mother's Maiden Name,* Lavinia Sidy
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Charles E. Roberts
9. *Father's Occupation,* Broker
10. *Father's Birthplace,* Balt

*Name of Medical Attendant,* or other Person who makes this Return

*Address,*

*Remarks,*

Wm Whitridge

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

70682

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 3 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 2nd 1884 |
| *4. Place of Birth (Street and Number)* | 62 Johnson St |
| *5. Full Name of Mother* | Mary Leutcke |
| *6. Mother's Maiden Name* | " Miller |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Louis Leutcke |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | O. A. Cooke, M. D. |
| *Address* | 110 Fort Ave |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Catharina Ritz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April the 2, 1884
4. Place of Birth, (Street and Number) E. Inn St. No 33
5. Full Name of Mother, Johanna Ritz
6. Mother's Maiden Name, Johanna Woener
7. Mother's Birthplace, Bald City
8. Full Name of Father, Leonhard Ritz
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, 1 Dallas St. No 26

Remarks,

HEALTH DEPARTMENT APR 4 1884 BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & SON, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70684

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd of April
4. *Place of Birth, (Street and Number)* S. Charles St 4 doors N of Randall
5. *Full Name of Mother,* Eliza Jane Gussitt
6. *Mother's Maiden Name,* " " Irvin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Moses Gussitt
9. *Father's Occupation,* Urbanna Va.
10. *Father's Birthplace,* Salesman Commission Merchant

*Name of Medical Attendant,* or other Person who makes this Return Mrs Conway

*Address.* 131 Battery Ave.

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7685

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 4 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ter Child

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, April the 2. 1884

4. Place of Birth, (Street and Number) S. Eden St. No 167

5. Full Name of Mother, Elise Gerlach

6. Mother's Maiden Name, Elise Henkel

7. Mother's Birthplace, Weisenbach, Gr. Hessen, Germany

8. Full Name of Father, Jakob Gerlach

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Weisenbach, Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, 1 Dallas St No 26,

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 10686

HEALTH DEPARTMENT
APR
4
1884
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 2d 84.
4. *Place of Birth, (Street and Number)* #88 John St.
5. *Full Name of Mother* Jennie Thomas Ford
6. *Mother's Maiden Name* Jennie Thomas Blackiston
7. *Mother's Birthplace* St Mary's Co Md
8. *Full Name of Father* Jos R. Ford
9. *Father's Occupation* Shipbroker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. H. F. Hatton Jr.

*Address* 146 Park ave.

*Remarks*

70687

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
APR 20 1894
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eight |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 2 1894 |
| 4. *Place of Birth, (Street and Number)* | No 45 Abbott St |
| 5. *Full Name of Mother,* | Katharina Kafka |
| 6. *Mother's Maiden Name,* | " Krajicek |
| 7. *Mother's Birthplace,* | Bohemia |
| 8. *Full Name of Father,* | Wenzel Kafka |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Bohemia |
| *Name of Medical Attendant,* or other Person who makes this Return | Josephina Konrad |
| *Address,* | No 20 Bruces St |
| *Remarks,* | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 10688

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 4 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th "

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 3d 84
4. *Place of Birth, (Street and Number)* #16 Cathedral St.
5. *Full Name of Mother* Elizabeth Wilson Austin Murkland
6. *Mother's Maiden Name* Elizabeth Wilson Austin.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm H. Murkland.
9. *Father's Occupation* Minister of the Gospel.
10. *Father's Birthplace* South American.

*Name of Medical Attendant, or other Person who makes this Return.* H. P. Wilson. Jr

*Address* 146 Park ave.

*Remarks*

70689

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex (state whether Male or Female)* | male |
| 2. *Race or Color (if not of the white race)* | white |
| 3. *Date of Birth* | April 3d 1884 |
| 4. *Place of Birth (Street and Number)* | 444 N. Washington st |
| 5. *Full Name of Mother* | Laura Shaney Orr |
| 6. *Mother's Maiden Name* | " Shaney |
| 7. *Mother's Birthplace* | Baltimore City |
| 8. *Full Name of Father* | Patrick Francis Orr |
| 9. *Father's Occupation* | Policemann |
| 10. *Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this return* | P. G. Dauschner |
| *Address* | 325 E. Baltimore st |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

7069

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 8 1884
1884
BALTIMORE.

April 8 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 3rd 1884
4. Place of Birth, (Street and Number) 114 Wolfe St.
5. Full Name of Mother, Maggie Biet.
6. Mother's Maiden Name, Maggie Fredrick.
7. Mother's Birthplace, America
8. Full Name of Father, George Biet.
9. Father's Occupation, Agent.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, No. 137 E. Wolfe St.

Remarks, D

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70691

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3rd 1884
4. *Place of Birth, (Street and Number)* Light st No. 348. Baltimore
5. *Full Name of Mother,* Lizzie Rose
6. *Mother's Maiden Name,* " Greenebaum
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charles Rose
9. *Father's Occupation,* Keeps Shoe Store
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Elizabeth Scarborough

*Address,* 220 Montgomery st Balti

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Correct Blanks of Vital Statistics in the City of Baltimore.*

J. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

70692

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be at endance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 3. 1884 |
| 4. *Place of Birth, (Street and Number)* | 54 Cross St |
| 5. *Full Name of Mother,* | Mary Hollins |
| 6. *Mother's Maiden Name,* | Mary Hubbard |
| 7. *Mother's Birthplace,* | Eastern Shore |
| 8. *Full Name of Father,* | William Hollins |
| 9. *Father's Occupation,* | Brick Maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Ann Nash |
| *Address,* | |
| *Remarks,* | |

JOHN P. FEET & CO., CITY PRINTERS AND STATIONERS.

70693

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3rd
4. Place of Birth, (Street and Number) No. 20 N. High St.
5. Full Name of Mother, Amelia Koeler
6. Mother's Maiden Name, " " Imfank.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Koeler
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Siemon

Address, No. 70 Granby St.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred.) Its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

70694

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3rd 1884
4. *Place of Birth, (Street and Number)* 1008 Gilmore St
5. *Full Name of Mother,* Annie Chatterton
6. *Mother's Maiden Name,* Annie Hughes
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Willoughby Hughes
9. *Father's Occupation,* Commercial Traveller
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return James Bacon M.D.

*Address,* cor. Arlington ave & Pittsburg St.

*Remarks,*

APR 3 1884 BALTIMORE

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70695

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd Child

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 3rd of April 1884.
4. *Place of Birth, (Street and Number)* 95 North Chapel Street.
5. *Full Name of Mother,* Anna Daubser.
6. *Mother's Maiden Name,* Anna Held.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Mick Held.
9. *Father's Occupation,* Laborman.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel

*Address,* 71 North Chapel st. per Justina Kunkel

*Remarks,* Healthy.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7069

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1884 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3rd 1884
4. Place of Birth, (Street and Number) 161 W. Lombard st.
5. Full Name of Mother, Ella Lewis
6. Mother's Maiden Name, Maryland
7. Mother's Birthplace, Don't Know
8. Full Name of Father, " "
9. Father's Occupation, " "
10. Father's Birthplace, " "
Name of Medical Attendant, or other Person who makes this Return W. B. Chapman M.D.
Address, # 161 W. Lombard st.
Remarks,

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating, distinctly whether stillborn of such child or children. physical condition, of the mother of such child or children born, its or their physical condition, name of the mother of such child or children born, its or their physical condition, the date of birth, sex, full name, and the maiden name of the mother, nativity, and residence of the parents, and the color of the child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

70696

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1934 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3rd 1884
4. *Place of Birth, (Street and Number)* 161 W. Lombard st.
5. *Full Name of Mother,* Ella Lewis
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Don't Know
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

*Name of Medical Attendant,* or other Person who makes this Return W. C. Chapman M.D.

*Address,* 161 W. Lombard st.

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70697

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3d
4. *Place of Birth, (Street and Number)* 805 W Baltimore St
5. *Full Name of Mother,* Bettie Kaufman
6. *Mother's Maiden Name,* Bettie Gundersheimer
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Emanuel Kaufman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Felix Jenkins

*Address,* No. 2 Cathedral St.

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

10698

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Twin |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 3rd 1884 |
| 4. *Place of Birth, (Street and Number)* | 346 Hamburg St |
| 5. *Full Name of Mother,* | Annie E. Wints |
| 6. *Mother's Maiden Name,* | " " Rechstein |
| 7. *Mother's Birthplace,* | Penna |
| 8. *Full Name of Father,* | Geo W Wints |
| 9. *Father's Occupation,* | Plasterer |
| 10. *Father's Birthplace,* | City |
| *Name of Medical Attendant,* or other Person who makes this Return | Jno R. Blake Jnr |
| *Address,* | |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*Section of Vital Statistics in the City of Baltimore.*

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70699

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8th 1884
4. *Place of Birth, (Street and Number)* 155 Forest St.
5. *Full Name of Mother,* Ella Bell
6. *Mother's Maiden Name,* Dukes
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry T. Bell
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* 182 E. Monument St.

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70700

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR
17
1924
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 3 April |
| 4. *Place of Birth, (Street and Number)* | 331 Meydenell |
| 5. *Full Name of Mother,* | Susan Peters |
| 6. *Mother's Maiden Name,* | ~~Hottl~~ Kebling |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Joseph Peters |
| 9. *Father's Occupation,* | Plumber |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 22. E. Lombard |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70701

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd April 1884
4. Place of Birth, (Street and Number) # 868 West Baltimore st
5. Full Name of Mother, Rachel Baer
6. Mother's Maiden Name, Rachel Conheim
7. Mother's Birthplace, Polond Russia
8. Full Name of Father, Simon Baer
9. Father's Occupation, Clerk
10. Father's Birthplace, Polond Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Dumler

Address, 60 Both Schroder St.

Remarks,

JOHN E. FIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

70702

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 22 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* mail
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 3 of April
4. *Place of Birth, (Street and Number)* No 188 3/4 Tyson St
5. *Full Name of Mother,* Emma Crowdy
6. *Mother's Maiden Name,* Emma Horyson
7. *Mother's Birthplace,* Harford County Md
8. *Full Name of Father,* Augustus Crowdy
9. *Father's Occupation,* Cochamon
10. *Father's Birthplace,* Clerkart County

*Name of Medical Attendant,* or other Person who makes this Return Mrs Anna Thomson

*Address,* 94 Tyson St

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

7070 3

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

Name: Mazie O. Collars

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second chd

1. *Sex (state whether male or ~~female~~)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* April 3 1884
4. *Place of Birth, (Street and Number)* 185 Townsend St
5. *Full Name of Mother* Clara V (Collars) Collars
6. *Mother's Maiden Name* Clara V Owen
7. *Mother's Birthplace* Balt
8. *Full Name of Father* George B (Collars) Collars
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Balt

*Name of Medical Attendant,* or other Person who makes this Return. J H Patterson M D

*Address* 25 Franklin "

*Remarks*

70704

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR 4 1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 ed Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Near April 4th 1884 |
| 4. *Place of Birth, (Street and Number)* | 113 Cross st |
| 5. *Full Name of Mother,* | Minna Willis |
| 6. *Mother's Maiden Name,* | Sohl |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Louis Willis |
| 9. *Father's Occupation,* | Quartermaster |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwaner midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*Record of Vital Statistics in the City of Baltimore.*

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 70705

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth April 4th 84.
4. Place of Birth, (Street and Number) St Vincents Hosp: (Bolton & Laurens Sts)
5. Full Name of Mother Sallie Howard Worthington Conrad.
6. Mother's Maiden Name Sallie Howard Worthington.
7. Mother's Birthplace Baltimore County.
8. Full Name of Father Louis L. Conrad.
9. Father's Occupation Attorney at Law
10. Father's Birthplace Mississippi.

Name of Medical Attendant, or other Person who makes this Return. H. Ple. Wilson. Jr.

Address 146 Park Ave

Remarks

70706

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 4th
4. Place of Birth, (Street and Number) No 3 Clarks Court
5. Full Name of Mother, Mary Green
6. Mother's Maiden Name, Lilly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Anthony Boyd
9. Father's Occupation, Waiter
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other Person who makes this Return Dr. Geo. C. Brooks

Address, 51 Saratoga St.

Remarks, Illegitimate Child

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70707

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th of april 1884
4. *Place of Birth, (Street and Number)* 348 Aisgnith
5. *Full Name of Mother.* Anna M. E. Myers
6. *Mother's Maiden Name.* Anna M. E. McLaughlin
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father.* Charles W. Myers
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Co.

*Name of Medical Attendant,* or other Person who makes this Return Jane E. Bayless

*Address,* 386 Sharpe st

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

70708

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Apl. 11 84
4. *Place of Birth, (Street and Number)* 63 N. Schroeder
5. *Full Name of Mother,* Mrs. Geo. C. Shipley
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo. C. Shipley
9. *Father's Occupation,* Coach Painter
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return L. C. Billing M.D.

*Address,* 467 N. Fayette St

*Remarks,*

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7079

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 4 april 1884
4. *Place of Birth, (Street and Number)* no 2 Grand alley
5. *Full Name of Mother,* Mary Flood
6. *Mother's Maiden Name,* Mary Butler
7. *Mother's Birthplace,* St Marys Co
8. *Full Name of Father,* Christopher Flood
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Franklin Co Va

*Name of Medical Attendant,* or other Person who makes this Return Charity Jones

*Address,* no 79 Grand alley

*Remarks,*

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

74710

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 3 |
| 4. *Place of Birth, (Street and Number)* | Ridgely, No 37 |
| 5. *Full Name of Mother,* | Mary Eberdt |
| 6. *Mother's Maiden Name,* | Bolt |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Conrad Eberdt |
| 9. *Father's Occupation,* | Painter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Wm. [illegible] |
| *Address,* | [illegible] |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births, which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70711

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. April 3d 1884
4. Place of Birth, (Street and Number) 188 S. Broadway
5. Full Name of Mother, Matilda Whitehill
6. Mother's Maiden Name, " Lauphenmer
7. Mother's Birthplace, City
8. Full Name of Father, Isaac Whitehill
9. Father's Occupation, Merchant
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bletz

Address, 120 Bank st.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN D. PILT & CO., CITY PRINTERS AND STATIONERS.

70712

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 2d 1882
4. *Place of Birth, (Street and Number)* 251 Alice Anna St.
5. *Full Name of Mother,* Caroline Herminau
6. *Mother's Maiden Name,* " Meyer
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Adolf Herminau
9. *Father's Occupation,* Saloon keeper
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Betz

*Address,* 120 Bank St.

*Remarks,*

SECTION 6.—And be it further enacted and ordained:—That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN S. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7073

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 2 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 4th 1884

4. *Place of Birth, (Street and Number)* 2004 Hull Street

5. *Full Name of Mother,* Ada McAlpine

6. *Mother's Maiden Name,* Ada Hutchinson

7. *Mother's Birthplace,* Canada

8. *Full Name of Father,* William McAlpine

9. *Father's Occupation,* Telegraph Operator

10. *Father's Birthplace,* Canada

*Name of Medical Attendant,* or other Person who makes this Return — Amanda Taylor-Norris, Md.

*Address.*

*Remarks.*

HEALTH DEPARTMENT APR 11 BALTIMORE

"That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*Correct Record of Vital Statistics in the City of Baltimore.*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

# RETURN OF A BIRTH 70713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 11 1884 BALTIMORE

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 25

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4th 1884
4. *Place of Birth, (Street and Number)* 200½ Fulton Avenue
5. *Full Name of Mother,* Ada McAlpine
6. *Mother's Maiden Name,* Ada Hutchinson
7. *Mother's Birthplace,* Canada
8. *Full Name of Father,* William McAlpine
9. *Father's Occupation,* Telegraph operator
10. *Father's Birthplace,* Canada

*Name of Medical Attendant,* or other Person who makes this Return Amanda Taylor Norris, M.D.

*Address,*

*Remarks.*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

70714

HEALTH DEPARTMENT APR 10 1894 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)* 1st & 2d "Twins"

1. *Sex (~~state whether~~ Male ~~or Female~~)*
2. *Race or Color (~~if not of the white~~ race)*
3. *Date of Birth* April 4th 1894
4. *Place of Birth (Street and Number)* 36d North Gay St
5. *Full Name of Mother* Ella Casey
6. *Mother's Maiden Name* Ella Blackboard
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Wm Edward Casey
9. *Father's Occupation* Baker
10. *Father's Birthplace* Balto.

*Name of Medical Attendant, or other Person who makes this Return.* Irving Miller M.D.

*Address* 179 E Monument St

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

10715

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 9 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 4th April 1884 |
| 4. *Place of Birth, (Street and Number)* | 1 N. Spruce Alley |
| 5. *Full Name of Mother,* | Maggie Reynolds |
| 6. *Mother's Maiden Name,* | Maggie Reynolds |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Joseph Lewis |
| 9. *Father's Occupation,* | Iron Works |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. E. Jones |
| *Address,* | No 193 Chester St |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

74716

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) forth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 4th of April
4. Place of Birth, (Street and Number) Baltimore 130 hill street
5. Full Name of Mother, Celeste Johnson
6. Mother's Maiden Name, Celeste Faria
7. Mother's Birthplace, Liverpool
8. Full Name of Father, Abe Johnson
9. Father's Occupation, Brick Maker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Miley Grass

Address, 12 Plum Alley

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Record of Vital Statistics in the City of Baltimore.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 17 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 4 April |
| 4. *Place of Birth, (Street and Number)* | 7 Battle |
| 5. *Full Name of Mother,* | Mena Schletzer |
| 6. *Mother's Maiden Name,* | Riegel |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Theador Schletzer |
| 9. *Father's Occupation,* | Labourer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 72 E. Lombard |
| *Remarks,* | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

74718

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 17 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 4th April |
| 4. *Place of Birth, (Street and Number)* | 7 Fayette |
| 5. *Full Name of Mother,* | Regina Lautz |
| 6. *Mother's Maiden Name,* | Stecker |
| 7. *Mother's Birthplace,* | Europe |
| 8. *Full Name of Father,* | Joseph Lautz |
| 9. *Father's Occupation,* | Shoe-maker |
| 10. *Father's Birthplace,* | Europe |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 12. E. Lombard |
| *Remarks,* | |

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-28-52 70719

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 19 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John William Schweitzer

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 1884
4. Place of Birth, (Street and Number) 544 S Charles St
5. Full Name of Mother, Welthy E Schweitzer
6. Mother's Maiden Name, " " Comangs
7. Mother's Birthplace, Washington D C
8. Full Name of Father, Jefferson D Schweitzer
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M D per D B

Address, 146 Hanover St

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

70750

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 11 to

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Apr. 1. 1884
4. Place of Birth, (Street and Number) S. Schappel str No. 94
5. Full Name of Mother, Elisabeth Trabert
6. Mother's Maiden Name, Foerst
7. Mother's Birthplace, Baden
8. Full Name of Father, Johann Trabert
9. Father's Occupation, Tailor
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Raubach

Address, S. Wolf str No 14

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained: the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

No. 721

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

*No. of Child of Mother,* (*state whether* 1st, 2d, 3d, &c.) Third

1. *Sex,* (*state whether male or ~~female~~*) Male

2. *Race or Color,* (*if not of the white race*) Colored

3. *Date of Birth,* April 1st 1884

4. *Place of Birth,* (*Street and Number*) No 40 Walnut Alley

5. *Full Name of Mother,* Alberta Lewis

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Jacob Lewis

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other Person who makes this Return Wm. H. Barnes, M. D.

*Address,* # 319 N. Eutaw St.

*Remarks,* Physician

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Colored 10722

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1904 BALTIMORE

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name: Edith Robinson 2 d.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Wednesday, April 25
4. *Place of Birth, (Street and Number)* N. 162 Ramsey St.
5. *Full Name of Mother,* Lillie Robinson
6. *Mother's Maiden Name,* Warrington
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* William Robinson
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Balto. City.

*Name of Medical Attendant,* or other Person who makes this Return. John A. Scholdfield M.D.

*Address,* Cor. Columbia Ave & Tremont St.

*Remarks,* Child in fair physical condition, & living

JOHN B. PIET, PRINTER & STATIONER, BALT.

7072

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY
3
1894
BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Apr. 2. 94.
4. Place of Birth, (Street and Number) 21 Register St No 46
5. Full Name of Mother, Annie Braun
6. Mother's Maiden Name, Dreier
7. Mother's Birthplace, Balt.
8. Full Name of Father, Heinrich Ahrens
9. Father's Occupation, Lehrer
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Baubach

Address,

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70724

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)*

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr 2. 84.
4. *Place of Birth, (Street and Number)* E. Lombardstr No 260
5. *Full Name of Mother,* Barbara Blotkamp
6. *Mother's Maiden Name,* Thiem
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Valentin Blotkamp
9. *Father's Occupation,* Hacktreiber
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Rauback

*Address,* S. Wolfstr 14

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 70735

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 5 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 5th 1884
4. *Place of Birth, (Street and Number)* 276 Lanvale St.
5. *Full Name of Mother* Mary Prechtel
6. *Mother's Maiden Name* Schillinger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Prechtel
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. John Morris, M.D.

*Address* 5 Franklin St.

*Remarks*

70736

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 7 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored Race

3. *Date of Birth,* April 5 1884

4. *Place of Birth, (Street and Number)* 127 Bethel St

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Mary Johnson

7. *Mother's Birthplace,* Eastern Shore Md

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return Lucindia Webster

*Address,* 130 N Register St

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 70727

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
11
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | Fifth of April 1884 |
| 4. *Place of Birth, (Street and Number)* | 634 Light Street |
| 5. *Full Name of Mother* | Mary Elizabeth Amer |
| 6. *Mother's Maiden Name* | Mary Elizabeth Caldwell |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | John Henry Amer |
| 9. *Father's Occupation* | Baker |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Elizabeth Donalson |
| *Address* | No 10 Barney St |
| *Remarks* | Mother and child are doing well |

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70728

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 5th 1884
4. *Place of Birth, (Street and Number)* No. 739 Hanover st.
5. *Full Name of Mother,* Emma Thalheimer
6. *Mother's Maiden Name,* Blum.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Joseph Thalheimer
9. *Father's Occupation,* Glassblower
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return J. Schwasser midwife

*Address,* 330 Hanover st.

*Remarks,*

HEALTH DEPARTMENT APR 10 1884 BALTIMORE

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7/07/29

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Col'd

3. *Date of Birth,* April 11th 1884

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation,* [illegible]

10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* [illegible]

*Remarks.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

70730

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 5th 1884
4. Place of Birth, (Street and Number) 561 W. Lombard St Baltimore Md
5. Full Name of Mother, Mary A. Sinclair
6. Mother's Maiden Name, " " Ogle
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John W. Sinclair
9. Father's Occupation, Confectioner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 N. Poppleton St

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 7 0 7 31

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR
17
1884
BALTIMORE.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* April 5th '84
4. *Place of Birth (Street and Number)* No. 6 Mechanic's Court
5. *Full Name of Mother* Lucy Sykes
6. *Mother's Maiden Name* Lucy German
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Jefferson Sykes
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* North Carolina

*Name of Medical Attendant, or other Person who makes this Return.* F. B. Gardner

*Address* 124 N. Greene St.

*Remarks*

---

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70732

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 5 1884
4. Place of Birth, (Street and Number) 897 E Madison St
5. Full Name of Mother, Laura E Whitehurst
6. Mother's Maiden Name, Bishop
7. Mother's Birthplace, Maryland
8. Full Name of Father, Jas. R Whitehurst
9. Father's Occupation, Butcher
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 Mt Donogh St

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & ASS., CITY PRINTERS AND STATIONERS.

70733

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 5 1884
4. Place of Birth, (Street and Number) 299 N Broadway
5. Full Name of Mother, Rose E Reech
6. Mother's Maiden Name, Deal
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Geo. H Reech
9. Father's Occupation, Coach Painter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Mary A Atwell

Address, 286 Mc Donogh St

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70734

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 28 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st — |
| 1. *Sex (state whether male or female)* | ~~White~~ — Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | April 5th 1884 |
| 4. *Place of Birth (Street and Number)* | 116. North Caroline St. |
| 5. *Full Name of Mother* | Marian Nilson |
| 6. *Mother's Maiden Name* | Bruce |
| 7. *Mother's Birthplace* | Carroll Co. Maryland |
| 8. *Full Name of Father* | J. Nilson |
| 9. *Father's Occupation* | Unknown |
| 10. *Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mr. Stone M.D. |
| *Address* | 116. N. Caroline St. |
| *Remarks* | Bal't |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

70735

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 6, 1884
4. *Place of Birth, (Street and Number)* H 2192 N. Pillar St.
5. *Full Name of Mother,* Rena Valster
6. *Mother's Maiden Name,* Pullman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mathew Valster
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Caroline Miller

*Address,* H 5 Walker St Balto. Md.

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

70736

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 7 1894 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 Dead |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | April 6th ~~Death~~ |
| 4. *Place of Birth, (Street and Number)* | 851 W. Baltimore Street |
| 5. *Full Name of Mother,* | Elizabeth Schaub |
| 6. *Mother's Maiden Name,* | Elizabeth Kaufer |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Otto Schaub |
| 9. *Father's Occupation,* | Shoemaker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Dimbler 60 Arcadia St |
| *Address,* | |
| *Remarks,* | Premature: lived one hour |

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

10737

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 6th 1884 |
| 4. *Place of Birth, (Street and Number)* | 152 So Bremont Av |
| 5. *Full Name of Mother,* | Nellie McCauley |
| 6. *Mother's Maiden Name,* | " " Sweitzer |
| 7. *Mother's Birthplace,* | City |
| 8. *Full Name of Father,* | Wm H McCauley |
| 9. *Father's Occupation,* | Butcher |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Jno D Blake MD |
| *Address,* | |
| *Remarks,* | |

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70738

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6th 1884
4. *Place of Birth, (Street and Number)* 161 W Lombard st — Maternite
5. *Full Name of Mother,* Mary Littlepage
6. *Mother's Maiden Name,* Dont Know
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Dont Know
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

*Name of Medical Attendant,* or other Person who makes this Return W. C. Chapman Jr.

*Address,* 161 W Lombard st.

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

10739

# TURN OF A BIRTH

## Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 11 1904
BALTIMORE

Sex Male No. of Child of Mother 2nd

Race or Color Colored

Date April 6th 1887

Place of Birth 930 Vine Street

Full Name of Mother, Amanda Taylor

Mother's Maiden Name, " Baily

Mother's Birthplace Accomack Co Va

Full Name of Father John Taylor

Father's Occupation Laborer

Father's Birthplace Snow Hill Md.

Very fine child

Chas. C. Jones.

...ther, (state whether 1st, 2d, 3d, &c.) .....

...r male or female) .....

...f not of the white race) .....

.....

...Street and Number) .....

...Mother; .....

...Name, .....

...ace, .....

...ther, .....

...on, .....

...ce, .....

... Attendant, or other Person who makes this Return .....

10740

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR
10
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 nd Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | April 6 th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 26 Pendleton st |
| 5. *Full Name of Mother,* | Caroline Meister |
| 6. *Mother's Maiden Name,* | Liesner |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Henry Meister |
| 9. *Father's Occupation,* | Cooper |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Lafrasser midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70741

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 6 |
| 4. *Place of Birth, (Street and Number)* | 48 Hamburg st |
| 5. *Full Name of Mother,* | Hester J. Lloyd |
| 6. *Mother's Maiden Name,* | Hester Applegarth |
| 7. *Mother's Birthplace,* | Madison Dorchester Co |
| 8. *Full Name of Father,* | James J. Lloyd |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Queen Anne Co |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Tank |
| *Address,* | |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation, of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third days of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

**Record of Vital Statistics in the City of Baltimore.**

JOHN P. FEET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6. 1884
4. *Place of Birth, (Street and Number)* 134 Johnson st
5. *Full Name of Mother,* Kate Feuerstein
6. *Mother's Maiden Name,* " " Riggin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father.* Louis Feuerstein
9. *Father's Occupation,* Packer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Ann Nash

*Address,*

*Remarks,*

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7074

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday April 6th 1884
4. *Place of Birth, (Street and Number)* 22 Selma Place. Saratoga St.
5. *Full Name of Mother,* Octavia Schweitzer
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George F Schweitzer
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return — Emily Stokes

*Address,* 64 N. Strieker St

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Over

70744

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Alvin Husbaum

HEALTH DEPARTMENT APR 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6 1884
4. *Place of Birth, (Street and Number)* 129 S. Ann St
5. *Full Name of Mother,* Lena ~~Nussbaum~~ Husbaum
6. *Mother's Maiden Name,* Lena Greenbaum
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Samuel ~~Nussbaum~~ Husbaum
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return A R Amoedmr

*Address,*

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

10745

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth April 6th 84
4. Place of Birth (Street and Number) N E Corner Preston & McCulloh St
5. Full Name of Mother Elizabeth Lownde
6. Mother's Maiden Name Elizabeth Chapman
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm C Lownde
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M D

Address 183 Linden Ave

Remarks L O A.

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

70746

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baltimore Ap. 6th/84
4. *Place of Birth, (Street and Number)* #21 Arlington Ave.
5. *Full Name of Mother,* Mary M. Kreager
6. *Mother's Maiden Name,* Mary M. Cook
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Kreager
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 No. Pappeton St

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7947

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* the 6 of April
4. *Place of Birth, (Street and Number)* Baltimore 9 Church Street
5. *Full Name of Mother,* Malindia Lelsan
6. *Mother's Maiden Name,* Malindja Harkins
7. *Mother's Birthplace,* Baltimare
8. *Full Name of Father,* James Lelsan
9. *Father's Occupation,* Sailar
10. *Father's Birthplace,* Virginda

*Name of Medical Attendant,* or other Person who makes this Return Miley grass

*Address,* 12 plum Miley

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

70748

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6. April
4. *Place of Birth, (Street and Number)* 77 N. Fremont
5. *Full Name of Mother,* Louisa Horlebein
6. *Mother's Maiden Name,* " Engelhaupt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Louis Horlebein
9. *Father's Occupation,* marble worker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Dumler

*Address,* 60 Voth Schroeder St.

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN E. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

10749

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d Child |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | April 6th 1884. |
| 4. *Place of Birth, (Street and Number)* | 100 Barre St. |
| 5. *Full Name of Mother,* | Sallie Craig. |
| 6. *Mother's Maiden Name,* | " Walston. |
| 7. *Mother's Birthplace,* | Salisbury, Md. |
| 8. *Full Name of Father,* | Robert M. Craig. |
| 9. *Father's Occupation,* | Clerk. |
| 10. *Father's Birthplace,* | Balto City. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. N. Tall. M. D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Missing

70750

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

7075

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)*

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr 6. 84.
4. *Place of Birth, (Street and Number)* Dunken Alle No 49
5. *Full Name of Mother,* Mary Stumpf
6. *Mother's Maiden Name,* Winkler
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Sebastian Stumpf
9. *Father's Occupation,* Kabinetmaker
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Baubach

*Address,* S. Wolfstr No 47

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70752

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 7 1884
4. *Place of Birth, (Street and Number)* 98 Randall st
5. *Full Name of Mother,* Caroline M W Weber
6. *Mother's Maiden Name,* Caroline do — Kahl
7. *Mother's Birthplace,* Balt. city md
8. *Full Name of Father,* Frederic Weber
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Elizabeth Hinton

*Address,* 79 Randall st

*Remarks,*

& CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7075

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 8 1884 BALTIMORE.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 7. 1884 |
| 4. *Place of Birth, (Street and Number)* | 314 Division St |
| 5. *Full Name of Mother,* | Genieve Walls |
| 6. *Mother's Maiden Name,* | " Dilleway |
| 7. *Mother's Birthplace,* | City |
| 8. *Full Name of Father,* | George. O. Walls |
| 9. *Father's Occupation,* | Painter |
| *Father's Birthplace,* | Harford Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Alexander Tinsley Md |
| *Address,* | 386 Druid Hill Ave |
| *Remarks,* | |

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

70754

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or chil

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 7th 1884 |
| *4. Place of Birth (Street and Number)* | 29 Randall st |
| *5. Full Name of Mother* | Louisa Durall |
| *6. Mother's Maiden Name* | " Wilbert |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Andrew Durall |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | O. A. Cooke M.D. |
| *Address* | 110 Fort ave |
| *Remarks* | |

HEALTH DEPARTMENT APR 8 1884 BALTIMORE

70755

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 7th 1884
4. *Place of Birth, (Street and Number)* Little McCeldry St
5. *Full Name of Mother,* Harriett cook
6. *Mother's Maiden Name,* Harriett Smith
7. *Mother's Birthplace,* Balto county
8. *Full Name of Father,* Henry ~~Balto city~~ Cook
9. *Father's Occupation,* Laborer ~~Baltimore~~ city
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Harriett Jackson

*Address,* #5 Forrest St

*Remarks,* Balto Md

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person [illegible] in attendance upon the mother, immediately thereaft[illegible] shall then become the duty of the parent or [illegible]nts of such child to report its birth to the Board of [illegible]lth, in the manner, and within the period abov[illegible]quired, except in the cases of the births and deaths [illegible]egitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

70756

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7th 1884
4. *Place of Birth, (Street and Number)* E. Lombard St. No. 429.
5. *Full Name of Mother,* Caroline Falk
6. *Mother's Maiden Name,* Caroline Beste
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* John Falk.
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant, or other Person who makes this Return* Mary E. Miller

*Address,* N. Dallas St, No 26.

*Remarks,*

HEALTH DEPARTMENT APR 12 1884 BALTIMORE

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70757

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

RECEIVED APR 15 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White (American)
3. Date of Birth, 7th day April 1884
4. Place of Birth, (Street and Number) No 33 South Pappleton
5. Full Name of Mother, Mary Johnston
6. Mother's Maiden Name, Mary Tatem
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo W Johnston
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 No Pappleton St

Remarks,

place of its birth, and the said [illegible] to the Board of Health. In case the certificate, between the first and third day of each and every month birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health. In the manner, and within the period above [illegible], except in the cases of the births and deaths of illegitimate children, and any person or persons who [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7078

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 17 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negro

3. Date of Birth April 7th 1884

4. Place of Birth (Street and Number) No. 28 Orchard St.

5. Full Name of Mother Laura Wilson

6. Mother's Maiden Name Laura Gorgas

7. Mother's Birthplace Balto. city.

8. Full Name of Father Jerome Wilson

9. Father's Occupation Whitewashing

10. Father's Birthplace Columbia S.C.

Name of Medical Attendant, or other Person who makes this Return. F.B. Gardner

Address 120 N. Greene St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

10759

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person [redacted] duty of the parent or [redacted] within the period above [redacted] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 17 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 April
4. *Place of Birth, (Street and Number)* 5 Lombard
5. *Full Name of Mother,* Hanora Davis
6. *Mother's Maiden Name,* Queen
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Robert Davis
9. *Father's Occupation,* Tavern
10. *Father's Birthplace,* New York

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

& CO., CITY PRINTERS AND STATIONERS.

70760

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 7th. 1884
4. *Place of Birth, (Street and Number)* No. 164 Light St
5. *Full Name of Mother,* Adline Harris
6. *Mother's Maiden Name,* Goodman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Coleman Harris
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Louisa Schulte

*Address,* No. 243 E. Chew St.

*Remarks,*

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...T & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

10761

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 17 1934 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 7 April

4. Place of Birth, (Street and Number) 7 Canal

5. Full Name of Mother, Emma Hatchet

6. Mother's Maiden Name, Wird

7. Mother's Birthplace, America

8. Full Name of Father, S. C. Hatchet

9. Father's Occupation, Painter

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard

Remarks,

...CITY PRINTERS AND STATIONERS.

70162

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7/84
4. *Place of Birth, (Street and Number)* 17 N. Ch. St
5. *Full Name of Mother,* Alice Brannin
6. *Mother's Maiden Name,* " Furlong
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. H. Brannin
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St per Ed

*Remarks,*

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Six

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 7th 11 P M 1884
4. Place of Birth, (Street and Number) Dalas st 253 Baltimore
5. Full Name of Mother, Cathrine Boattner
6. Mother's Maiden Name, Cathrine Smith
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, Charls Boattner
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Hockhemhim. Germany

Name of Medical Attendant, or other Person who makes this Return Julia Groom

Address, 466 N. Gay st Balt

Remarks,

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& ANS., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 10764

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1884 BALTIMORE

*No. of Child of Mother*, (*state whether* 1st, 2d, 3d, &c.) second chd

1. *Sex* (*state whether* ~~male~~ or *female*)
2. *Race or Color*, (*if not of the white race*) W
3. *Date of Birth* April 7. 1884.
4. *Place of Birth*, (*Street and Number*) No 31 N High st
5. *Full Name of Mother* Lena Ahern
6. *Mother's Maiden Name* Lena Kahn
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John Ahern
9. *Father's Occupation* Undertaker
10. *Father's Birthplace* Balto

*Name of Medical Attendant*, or other Person who makes this Return. J H Sullivan M D

*Address* 23 Franklin

*Remarks*

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7076A

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. April 7th 1884
4. Place of Birth, (Street and Number) No 37 Burke st.
5. Full Name of Mother, Elizabeth Butzler
6. Mother's Maiden Name. " Bost
7. Mother's Birthplace, Germany
8. Full Name of Father, John Butzler
9. Father's Occupation, Moulder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address. 120 Bank st.

Remarks.

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or p[illegible] of such child to report its birth to the Board of H[illegible], in the manner, and within the period above [illegible]red, except in the cases of the births and deaths of [illegible]timate children, and any person or persons wh[illegible]all hereafter fail to comply with the provisions of th[illegible]ection shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A. NO., CITY PRINTERS AND STATIONERS.

70766

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7 b

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Apr. 7. 84.
4. Place of Birth, (Street and Number) Gouf st. No 68
5. Full Name of Mother, Christian Susmin
6. Mother's Maiden Name, Wessel
7. Mother's Birthplace, Bremen
8. Full Name of Father, Karl Susmin
9. Father's Occupation, Farber
10. Father's Birthplace, Hanover

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Raubach

Address, S. Wolfstr 14

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible]nts of such child to report its birth to the Board of [illegible]lth, in the manner, and within the period abo[illegible]quired, except in the cases of the births and deaths [illegible] legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

70767

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apl. 8th 1884
4. *Place of Birth, (Street and Number)* 44 Bloom St.
5. *Full Name of Mother,* Eugenia S. Furlong
6. *Mother's Maiden Name,* Guiton
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Jno. Miller Furlong
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Cumberland Md.

*Name of Medical Attendant,* or other Person who makes this Return J. H. CHRISTIAN, M. D. 431 Penn. Av. Cor. Winans

*Address,*

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible]ents of such child to report its birth to the Board of [illegible]alth, in the manner, and within the period ab[illegible]quired, except in the cases of the births and deaths [illegible] legitimate children, and any person or persons [illegible]o shall hereafter fail to comply with the provisions of [illegible]s section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] ANS, CITY PRINTERS AND STATIONERS.

70768

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 11 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* April 8
4. *Place of Birth, (Street and Number)* 11 Chesnut street
5. *Full Name of Mother,* Bettie Jackson
6. *Mother's Maiden Name,* Bettie Okley
7. *Mother's Birthplace,* Tappahannock Va
8. *Full Name of Father,* Odried Jackson
9. *Father's Occupation,* Wood Sawer
10. *Father's Birthplace,* Tappahannock Va

*Name of Medical Attendant,* or other Person who makes this Return Dr I. I. Darkey Tomlin

*Address,* 160 Chesnut St

*Remarks,* .....

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent [illegible] parents of such child to report its birth to the Board [illegible] Health, in the manner, and within the period [illegible] required, except in the cases of the births and deat[illegible] illegitimate children, and any person or pers[illegible] who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

18769

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 10 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 8th 1884
4. *Place of Birth, (Street and Number)* 252 S. Charles St
5. *Full Name of Mother,* Julia Meckins
6. *Mother's Maiden Name,* Kelner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Meckins
9. *Father's Occupation,* Sailmaker
10. *Father's Birthplace,* America

*Name of Medical Attendant,* or other Person who makes this Return J. Schwarzer midwife

*Address,* 330 Hanover St.

*Remarks,*

any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter [redacted] it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[redacted] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70770

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 8th |
| 4. *Place of Birth, (Street and Number)* | 40 Germain St |
| 5. *Full Name of Mother,* | Kate T O'Brien |
| 6. *Mother's Maiden Name,* | Kate T O'Brien |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Thos J O'Brien |
| 9. *Father's Occupation,* | Restaurant |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Felix Jenkins |
| *Address,* | |
| *Remarks,* | |

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 70771

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 9 1884 BALTIMORE

*No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)

*Sex*, (*state whether male or female*)

2. *Race or Color*, (*if not of the white race*)

3. *Date of Birth*,

4. *Place of Birth*, (*Street and Number*)

5. *Full Name of Mother*,

6. *Mother's Maiden Name*,

7. *Mother's Birthplace*,

8. *Full Name of Father*,

9. *Father's Occupation*,

10. *Father's Birthplace*,

*Name of Medical Attendant*, or other Person who makes this Return

*Address*,

*Remarks*,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

70772

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 10 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8th 1884
4. Place of Birth, (Street and Number) 70 N Bond St
5. Full Name of Mother, Laura Virginia Temple Thumeyer
6. Mother's Maiden Name, Laura Virginia Temple
7. Mother's Birthplace, Petersburg Va
8. Full Name of Father, Earnest Thumeyer
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return E G Walls M D

Address, 57 N Bond St

Remarks, Normal

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period required, except in the cases of the births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

7077

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th 1884.
4. Place of Birth, (Street and Number) No 74 Granville st.
5. Full Name of Mother, Lizzie Kratz
6. Mother's Maiden Name, Lizzie Baltzman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charlie Kratz
9. Father's Occupation, Laborer
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Byrd st.

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parents of such child to report its birth to the Board of Health. In the manner, and within the period required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

70774

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7th 1884
4. *Place of Birth, (Street and Number)* No 11 Elizabeth lane
5. *Full Name of Mother,* Not Married
6. *Mother's Maiden Name,* Maggie Parsley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Seawalt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Cathrine Hanning

*Address,* No 18 Byrd st.

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period as required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...INS., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7077

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

1884

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 8th |
| 4. *Place of Birth, (Street and Number)* | 63 Watson Street |
| 5. *Full Name of Mother,* | Rebecca American |
| 6. *Mother's Maiden Name,* | Rebecca Spielman |
| 7. *Mother's Birthplace,* | Poland |
| 8. *Full Name of Father,* | Jacob American |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Poland |
| *Name of Medical Attendant,* or other Person who makes this Return | Daniel V Mayer M.D |
| *Address,* | 192 Aisquith st |
| *Remarks,* | City |

of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

70776

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* April 8th 1884. tuesday.
4. *Place of Birth, (Street and Number)* Baltimore City. Raborg st. 151.
5. *Full Name of Mother,* Mary William.
6. *Mother's Maiden Name,* Mary Chase.
7. *Mother's Birthplace,* Calvert Co. M.d.
8. *Full Name of Father,* Robert R. William.
9. *Father's Occupation,* Hod-Carrier.
10. *Father's Birthplace,* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return Lucie Cornish.

*Address,* Jordan Alley No. 15.

*Remarks,*

...corn, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

70777

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth ch

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* April 8th 1884
4. *Place of Birth, (Street and Number)* No 163 St Paul st
5. *Full Name of Mother* Susan Kennard
6. *Mother's Maiden Name* Susan Dwall
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Alex A Kennard
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balt

*Name of Medical Attendant,* or other Person who makes this Return. J H Patterson

*Address* 23 Franklin st

*Remarks*

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70778

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 26 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 8th 1884
4. Place of Birth (Street and Number) # 680 Saratoga St
5. Full Name of Mother Elizabeth E Starlings
6. Mother's Maiden Name " " Jones
7. Mother's Birthplace Maryland
8. Full Name of Father Frank Starlings
9. Father's Occupation Carpenter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Same J Balt M.D.

Address 134 N Exeter St

Remarks City

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the [illegible]den name of the mother of such child or child[illegible]

70779

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 9 1884 |
| 4. *Place of Birth, (Street and Number)* | 285 Aliceanna St |
| 5. *Full Name of Mother,* | Rosina Jackosky |
| 6. *Mother's Maiden Name,* | Rosina Wiensky |
| 7. *Mother's Birthplace,* | Posen Poland |
| 8. *Full Name of Father,* | Stanislaus Jackosky |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Poland |
| *Name of Medical Attendant,* or other Person who makes this Return | Marie Lithner |
| *Address,* | 2 Wolfe St 245 |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 70779½

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 11 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 9
4. *Place of Birth, (Street and Number)* Allisonn street
5. *Full Name of Mother* Rosaliga Wisneaski
6. *Mother's Maiden Name* Sn[illegible]ske
7. *Mother's Birthplace* Gnesen Germany
8. *Full Name of Father* Inhardans Ruhoske
9. *Father's Occupation* —
10. *Father's Birthplace* Gnesen

*Name of Medical Attendant,* or other Person who makes this Return. M. G. Ames

*Address* ~~[illegible]~~ 258 245 S. Wolf street

*Remarks* Out on Kramps

Wm. Nicolaus 256 Aliceanna St.

[illegible], stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

70780

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9th. 1884.
4. Place of Birth, (Street and Number) No 592 W. Baltimore St.
5. Full Name of Mother, Mollie Meyer
6. Mother's Maiden Name, Mollie Lane
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Meyer
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. A. Butt.

Address, No. 185 S.E. cor. Centrel av & Monument St.

Remarks, All Well

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of [illegible]timate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penal[illegible]re recoverable.

...O., CITY PRINTERS AND STATIONERS.

70781

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 9 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 9th 1884
4. Place of Birth, (Street and Number) 270 W. Pavey
5. Full Name of Mother, Regina N. Phelps
6. Mother's Maiden Name, Thompson
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jas. G. Phelps
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D. 431 Penna Av. Cor. Wilkens

Address, 506 Madison Ave.

Remarks;

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible] required, except in the case of the births and deaths of [illegible] within the period above [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject any person or persons [illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

1884, CITY PRINTERS AND STATIONERS.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

70782

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 9th of April 1884.
4. Place of Birth, (Street and Number) 75 North Chapel street.
5. Full Name of Mother, Dora Coward.
6. Mother's Maiden Name, Dora Laws.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Laws.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel.

Address, 77 North Chapel Street per Justina Kunkel.

Remarks, Healthy.

CITY PRINTERS AND STATIONERS.

70783

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (~~state whether male or~~ female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 4. 9. 84
4. *Place of Birth (Street and Number)* 293 Saratoga
5. *Full Name of Mother* Hancock
6. *Mother's Maiden Name* Sutliff
7. *Mother's Birthplace* Balti
8. *Full Name of Father* A. R. Hancock
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. L. M. Eastman

*Address* 349 Lexington

*Remarks* Natural

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70784

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 10 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | April 9th 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 43 Bird st. |
| 5. *Full Name of Mother,* | Cristine Wilhelm |
| 6. *Mother's Maiden Name,* | Holstein |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Herman F. Wilhelm |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwarzel midwife |
| *Address,* | 330 Barnard st. |
| *Remarks,* | |

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

~~70788~~

70785

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 9 April
4. *Place of Birth, (Street and Number)* 65 Jefferson St.
5. *Full Name of Mother,* Fredericka Salzmann
6. *Mother's Maiden Name,* " Rosenheim
7. *Mother's Birthplace,* Baaden
8. *Full Name of Father,* Tobias Salzmann
9. *Father's Occupation,* Rabbie in Jew church
10. *Father's Birthplace,* Baaden

*Name of Medical Attendant,* or other Person who makes this Return Mrs Rosa Ulbig

*Address,* 48 Holland St.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

...NG, CITY PRINTERS AND STATIONERS.

7078

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

April 11th 1884.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9th 1884.
4. Place of Birth, (Street and Number) 339 Eastern Ave.
5. Full Name of Mother, Mary Lizzie Berry.
6. Mother's Maiden Name, Mary Lizzie Heymack.
7. Mother's Birthplace, America.
8. Full Name of Father, William Berry.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, No. 137 E. Wolfe St.

Remarks, M

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

70787

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 12 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, April the 9. 1894

4. Place of Birth, (Street and Number) N. Eden St, No 184

5. Full Name of Mother, Louise Welke

6. Mother's Maiden Name, Louise Fischer

7. Mother's Birthplace, Balto City

8. Full Name of Father, Konrad Welke

9. Father's Occupation, Laborer

10. Father's Birthplace, Bremerhaven. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address. N. Dallas St. No 26.

Remarks,

place of its birth, and the said register shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70788

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 14 1904 BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Brown complexion
3. Date of Birth, April 9th '84
4. Place of Birth, (Street and Number) 29 Retter St
5. Full Name of Mother, Christiana Cassell
6. Mother's Maiden Name, " Brookes
7. Mother's Birthplace, Princess George Co, Md.
8. Full Name of Father, James Cassell
9. Father's Occupation, Coachman
10. Father's Birthplace, Balto, Co, Md

Name of Medical Attendant, or other Person who makes this Return Amelia Johnson

Address, 6 Hamilton St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 70789

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH ... APR 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* April 9th 1884
4. *Place of Birth, (Street and Number)* 72 Welcome alley
5. *Full Name of Mother,* Lenea haris
6. *Mother's Maiden Name,* Lenea Eiawel
7. *Mother's Birthplace,* Vergina
8. *Full Name of Father,* Leven haris
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Cambridge md

*Name of Medical Attendant,* or other Person who makes this Return Mary an dorsey

*Address,* 64 Elbow lane

*Remarks,* five dollars

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 11-21-51

# RETURN OF A BIRTH.

7° 190

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 17 1934 BALTIMORE.

Name: Maria Augusta Rühl

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 4th
4. *Place of Birth (Street and Number)* Res 10 S. Ann st
5. *Full Name of Mother* Emma (Rucke) Rühl
6. *Mother's Maiden Name* Metz
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Conrad ~~Metz~~ (Rucke) Rühl
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Balto

*Name of Medical Attendant, or other Person who makes this Return.* L C Whitenight M.D.

*Address* 125 Eden

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the m[illegible] name of the mother of such child or childre[n]

70791

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 17 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, 9th of April.
4. Place of Birth, (Street and Number) 119 Canton Street.
5. Full Name of Mother, Dina Greif.
6. Mother's Maiden Name, Dina Rethmann.
7. Mother's Birthplace, Sohne Oldenburg.
8. Full Name of Father, Charles John Greif.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

...ate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...L, CITY PRINTERS AND STATIONERS.

7092

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 17 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | ~~2nd~~ 1st Child |
| 1. *Sex (state whether Male or Female)* | ~~F~~ Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | Wednesday 9 |
| 4. *Place of Birth (Street and Number)* | # 23 Hanover Street |
| 5. *Full Name of Mother* | Ellen Mable |
| 6. *Mother's Maiden Name* | |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | ~~Peter~~ Attorney |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace* | |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Mable |
| *Address* | 144 York Street |
| *Remarks* | |

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7979

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 16 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | April 11 = 1884 |
| 4. *Place of Birth, (Street and Number)* | S. W. corner Bank & Washington |
| 5. *Full Name of Mother,* | Ellen Hanson |
| 6. *Mother's Maiden Name,* | Moffatt |
| 7. *Mother's Birthplace,* | Camden N. J. |
| 8. *Full Name of Father,* | J W Hanson |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah P Harrington |
| *Address.* | c/o 367 Eastern ave |
| *Remarks.* | |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

70794

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR 12
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) ~~Female~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 9th

4. Place of Birth, (Street and Number) 75 George st.

5. Full Name of Mother, Mrs. Lizzie Dieler

6. Mother's Maiden Name, Lizzie Bicky

7. Mother's Birthplace, Baltimore

8. Full Name of Father. John A. Dieler

9. Father's Occupation, Paper Hanging's

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Sumbler

Address, 60 North Schroeder, St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

7995

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR
19
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | third |
| 1. *Sex, (state whether male or female)* | female colored |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | April 9th |
| 4. *Place of Birth, (Street and Number)* | 17 second st |
| 5. *Full Name of Mother,* | Mary E Brown |
| 6. *Mother's Maiden Name,* | Mary E Harks |
| 7. *Mother's Birthplace,* | West River MD |
| 8. *Full Name of Father.* | Isreal Brown |
| 9. *Father's Occupation.* | Labour |
| 10. *Father's Birthplace,* | Annapolis MD |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Pennington |
| *Address,* | 120 Tyson St |
| *Remarks,* | |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

70996

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 20 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Nineth (9)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9 – 1884
4. *Place of Birth, (Street and Number)* No 49. Abbott Ste
5. *Full Name of Mother,* Josepha Kazecki
6. *Mother's Maiden Name,* " Kubes
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Kazecki
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Josephina Konrad

*Address,* No 20. Barnes Ste

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ction shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

No 797

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 29 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) | 3d |
| 1. *Sex*, (*state whether male or female*) | Female |
| 2. *Race or Color*, (*if not of the white race*) | White |
| 3. *Date of Birth*, | April 7 1884 |
| 4. *Place of Birth*, (*Street and Number*) | 67 William St |
| 5. *Full Name of Mother*, | Ellen Cook |
| 6. *Mother's Maiden Name*, | Ellen Johnson |
| 7. *Mother's Birthplace*, | Md |
| 8. *Full Name of Father*, | Jno H. Cook |
| 9. *Father's Occupation*, | Merchant |
| 10. *Father's Birthplace*. | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return | H. Biddle MD |
| *Address*, | 57 Hanover |
| *Remarks*, | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7778

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9: 1884
4. Place of Birth, (Street and Number) 26 N. Eager st
5. Full Name of Mother, Helen C. Mayer
6. Mother's Maiden Name, " Canby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Mayer
9. Father's Occupation, Miller
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return J. C. Williams M.D.

Address, 201 Madison Ave

Remarks,

..., CITY PRINTERS AND STATIONERS.

70799

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 9th 1884
4. *Place of Birth, (Street and Number)* #8 Clarckson st.
5. *Full Name of Mother,* Mary Fischer
6. *Mother's Maiden Name,* Mary Andree
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* August William Fischer
9. *Father's Occupation,* Glass packer
10. *Father's Birthplace,* Prussia

*Name of Medical Attendant,* or other Person who makes this Return Wilke Wünsch

*Address,* 1 Leatenhall Strit

*Remarks,*

... and, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of [illegible]itimate children, and any person or persons w[illegible] fail hereafter fail to comply with the provisions of t[illegible]tion shall be subject to a fine of ten dollars [illegible]ch offence, to be recovered as other fines and penalti[illegible]e recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70800

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7th 1884
4. *Place of Birth, (Street and Number)* 617 [illegible] St
5. *Full Name of Mother,* Mary J. O'Neill
6. *Mother's Maiden Name,* [illegible] Cunningham
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Martin O'Neill
9. *Father's Occupation,* Bottlemaker
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Dr. [illegible]

*Address,* 182 E. [illegible] St.

*Remarks,*

...NY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

10801

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, April 8. 1884
4. Place of Birth, (Street and Number) cor. Maryland ave & Robinson st
5. Full Name of Mother, Mary Johns
6. Mother's Maiden Name, Murray
7. Mother's Birthplace, Md
8. Full Name of Father, Cornelius Johns
9. Father's Occupation, coachman
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return G Lane Tompkins

Address, 219 Madison ave

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70802

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 of Aplile
4. Place of Birth, (Street and Number) 112 Waner St
5. Full Name of Mother, Nellie Fike Hedrick
6. Mother's Maiden Name, Nelle Fike
7. Mother's Birthplace, europ Hedrick
8. Full Name of Father, Henry Hedrick
9. Father's Occupation, Taylor
10. Father's Birthplace, europ

Name of Medical Attendant, or other Person who makes this Return Mrs Minnie

Address,

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70803

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April. 10th
4. Place of Birth, (Street and Number) No. 55 Scott. Balto. Md
5. Full Name of Mother, Louisa. Breidenbach.
6. Mother's Maiden Name, Louisa Hennegen.
7. Mother's Birthplace, Jersey City. N. J
8. Full Name of Father, Rudolf Breidenbach.
9. Father's Occupation, Piano. Maker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Seebath

Address, ~~Rudolph. Breidenbach~~ 439 west Pratt st.

Remarks, ( ) ( )

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 70804

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1884 BALTIMORE

Information, whether Still Born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3dor

1. *Sex (state whether male or female)* fe male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth* april the 10th
4. *Place of Birth, (Street and Number)* 90 Bethel Street
5. *Full Name of Mother* Zannie Chester
6. *Mother's Maiden Name* Zannie Satchel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Chester
9. *Father's Occupation* laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* Harriet Britton

*Address* No 78 bethel Stret

*Remarks*

70805

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 20 1894 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 of April
4. *Place of Birth (Street and Number)* Asquith st no 487
5. *Full Name of Mother* Jannie Rinner
6. *Mother's Maiden Name* Thompson
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Andrew Rinner
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* Irelund

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Gusy

*Address*

*Remarks* 13 Holland st

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

70806

*To the Office of Registrar of Vital Statistics, Board of Health,*

BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | fifth Child |
| 1. *Sex, (state whether male or female)* | Male Child |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 10 of April 1884 |
| 4. *Place of Birth, (Street and Number)* | 42 Reins Alley |
| 5. *Full Name of Mother,* | Mary Richardson |
| 6. *Mother's Maiden Name,* | Mary Rosenfield |
| 7. *Mother's Birthplace,* | Born in Richmond |
| 8. *Full Name of Father,* | Lewis Richardson |
| 9. *Father's Occupation,* | Coloring Man |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Eda Sadler |
| *Address,* | No 4 [redacted] ew Street |
| *Remarks,* | |

PIET, PRINTER & STATIONER, BALT.

7080

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 10th |
| 4. *Place of Birth, (Street and Number)* | 227 Light st |
| 5. *Full Name of Mother,* | Mary E. Mariner |
| 6. *Mother's Maiden Name,* | " " Crawford |
| 7. *Mother's Birthplace,* | Montgomery Co. Md. |
| 8. *Full Name of Father,* | George E. Mariner |
| 9. *Father's Occupation,* | Sailor |
| 10. *Father's Birthplace,* | Somerset Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | O. L. Buddenbohn M.D. |
| *Address,* | 166 S. Paca st. |
| *Remarks,* | |

APR 21 1884
BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

70808

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 10th April

4. *Place of Birth, (Street and Number)* 51. N. Spring St

5. *Full Name of Mother,* Emma Leigh

6. *Mother's Maiden Name,* " Myers

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Christian Leigh

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other Person who makes this Return J. Cross

*Address,* 137 Orleans St

*Remarks,*

...of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70809

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2? |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Apr. 10 |
| 4. *Place of Birth, (Street and Number)* | 77 Cathedral St. |
| 5. *Full Name of Mother,* | Maggie Nilson |
| 6. *Mother's Maiden Name,* | Barnum |
| 7. *Mother's Birthplace,* | Balt. |
| 8. *Full Name of Father,* | Augustus Nilson |
| 9. *Father's Occupation,* | Cotton Broker |
| 10. *Father's Birthplace,* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return | J. M. Nilson |
| *Address,* | 251 Mad. Ave. |
| *Remarks,* | |

"...name of the mother of such child or children."

...TY PRINTERS AND STATIONERS

70870

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR 15 1884
BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject, to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Thd 10 of April 1884 |
| 4. *Place of Birth, (Street and Number)* | No 240 East Street |
| 5. *Full Name of Mother,* | Maggie Albert |
| 6. *Mother's Maiden Name,* | Maggie Edmondson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Herman Edmondson |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christine Lauer |
| *Address,* | No 173 Stirling Ave |
| *Remarks,* | Baltimore Md 1884 |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70811

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 14 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | two |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | Color |
| 3. Date of Birth, | April 10" 84 |
| 4. Place of Birth, (Street and Number) | no 03 East St |
| 5. Full Name of Mother | Susie M Lowday |
| 6. Mother's Maiden Name, | Susie Mondowney |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Henry Lowday |
| 9. Father's Occupation, | Laborer |
| 10. Father's Birthplace. | Baltimore Md |
| Name of Medical Attendant, or other Person who makes this Return | Leach Walker |
| Address, | no 88 N. Spring Av. |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

7812

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, 10 April

4. Place of Birth, (Street and Number) 65 Mullikin Street

5. Full Name of Mother, Hannah Aschmann

6. Mother's Maiden Name, " Waldruf

7. Mother's Birthplace, Hessen

8. Full Name of Father, Salomon Aschmann

9. Father's Occupation, Clerk

10. Father's Birthplace, Prusia

Name of Medical Attendant, or other Person who makes this Return Mrs Rosa Abig

Address, 48 Holland St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

7081 (3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth,* Wensday april 10th 1884
4. *Place of Birth, (Street and Number)* Stockton st #28
5. *Full Name of Mother,* Emma Hickman
6. *Mother's Maiden Name,* Emma Banks
7. *Mother's Birthplace,* Chester field County
8. *Full Name of Father,* Louis Hickman
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Richmond Virginia

*Name of Medical Attendant,* or other Person who makes this Return Chollotz procter Mid Wif

*Address,* No 10 Carlton st

*Remarks,*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 70814

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 10th 1884
4. *Place of Birth, (Street and Number)* 125 Saratoga St.
5. *Full Name of Mother* Mary Michaels
6. *Mother's Maiden Name* Tantz
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles N. Michaels
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Annapolis Md

*Name of Medical Attendant,* or other Person who makes this Return. John Morris, M.D.

*Address* 5 Franklin St.

*Remarks*

name of the mother of such child or children.

# RETURN OF A BIRTH 7085

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 28 1884

4. Place of Birth, (Street and Number) Warkstons Alley

5. Full Name of Mother, Charlotte Bantum

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Alford Md

8. Full Name of Father, Henry Green

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 42 Eldner St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70816

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 10 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 5, 1883
4. *Place of Birth, (Street and Number)* 868 W. Balt. st.
5. *Full Name of Mother,* Elizabeth Aler
6. *Mother's Maiden Name,* Harr
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Emanuel V. Aler
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return John Hood

*Address,* 322 Hollins st.

*Remarks,* Very large, fine boy

TY PRINTERS AND STATIONERS

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 10817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 16 1883

4. Place of Birth, (Street and Number) 104 Partridge st

5. Full Name of Mother, Mary [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace [illegible]

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 10818

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 10 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | Nov. 26, 1883 |
| 4. *Place of Birth, (Street and Number)* | 256 Hollins st. |
| 5. *Full Name of Mother,* | Martha J. McNeil |
| 6. *Mother's Maiden Name,* | Adair |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | James McNeil |
| 9. *Father's Occupation,* | Engineer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | John Hand |
| *Address,* | 322 Hollins st. |
| *Remarks.* | Home Labor |

or the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 70819

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 10 1884 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Third |
| Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Dec 18 1884 |
| 4. Place of Birth, (Street and Number) | 684 W. Fayette |
| 5. Full Name of Mother | Marie E. Carl |
| 6. Mother's Maiden Name, | Goetz |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Gustav H. C. Carl |
| 9. Father's Occupation, | Cigar Maker |
| 10. Father's Birthplace | Germany |
| Name of Medical Attendant, or other Person who makes this Return | J. McClelland |
| Address, | 322 Hollins st. |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

70820

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 11th 1884
4. *Place of Birth, (Street and Number)* Noriel al 43
5. *Full Name of Mother,* Carrie pence
6. *Mother's Maiden Name,* Carrie Cundo
7. *Mother's Birthplace,* Elickets City
8. *Full Name of Father,* William Cundo
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Petters Burg

*Name of Medical Attendant,* or other Person who makes this Return Chollog Poeta Mid Wife

*Address,* No 10 Carlton st

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7082

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 dau Child

1. *Sex, (state whether ~~male~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 11. 1884.
4. *Place of Birth, (Street and Number)* Dunkan Alley No 76.
5. *Full Name of Mother,* Amalia Kohl.
6. *Mother's Maiden Name,* Amalia Adams
7. *Mother's Birthplace,* Balte City
8. *Full Name of Father,* Wilhelm F. Kohl.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balte City

*Name of Medical Attendant, or other Person who makes this Return* Mary E. Miller

*Address,* N. Dallas St. No 24.

*Remarks,*

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

70822

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

April 13th 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1884.
4. Place of Birth, (Street and Number) 376 Orleans St.
5. Full Name of Mother, Maggie Quaty.
6. Mother's Maiden Name, Maggie Severin
7. Mother's Birthplace, Germany
8. Full Name of Father, Christopher Quaty
9. Father's Occupation, Driver.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, No 137 S. Wolfe St.

Remarks, N

...should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7082 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
14
1934
BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Three. |
| 1. Sex, (state whether male or female) | Female. |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | April 11th 34 |
| 4. Place of Birth, (Street and Number) | Allens Alley no 17 |
| 5. Full Name of Mother, | Josephine Slocum |
| 6. Mother's Maiden Name, | Josephine Jones |
| 7. Mother's Birthplace, | Baltimore City. |
| 8. Full Name of Father, | Thos Slocum |
| 9. Father's Occupation, | Laborer |
| 10. Father's Birthplace. | Md |
| Name of Medical Attendant, or other Person who makes this Return | Leah Walker |
| Address, | no 87 N. Spring St |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

70834

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20th 1884
4. *Place of Birth, (Street and Number)* No 75 Watson St.
5. *Full Name of Mother,* Henriette Kern
6. *Mother's Maiden Name,* " Klaus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Kern
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophia Seemann

*Address,* No 70 Granby St.

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70835

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April ~~March~~ 11th 1884
4. *Place of Birth, (Street and Number)* No 33 Port St
5. *Full Name of Mother,* Wilhelmina Schoen
6. *Mother's Maiden Name,* " Newjocks
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Schoen
9. *Father's Occupation,* Labor work.
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophia Sieman

*Address,* No 70 Granby St.

*Remarks,*

HEALTH DEPARTMENT APR 15 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70836

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible] are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 nd Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | April 11 – 1884 |
| 4. *Place of Birth, (Street and Number)* | No 182 Leadenhall st. |
| 5. *Full Name of Mother,* | Ida Ermer |
| 6. *Mother's Maiden Name,* | Ermer |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Anton Ermer |
| 9. *Father's Occupation,* | Cabinetmaker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwarzer midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

70827

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colard

3. Date of Birth, April the 11 th

4. Place of Birth, (Street and Number) 119 Welcare Alley

5. Full Name of Mother,

6. Mother's Maiden Name, Mary Diggs

7. Mother's Birthplace, Washington

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Miles grace

Address, No 17 plum Alley

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70828

# RETURN OF A BIRTH

GIVEN NAME ADDED 10-11-50

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 16 1884 BALTIMORE

Name: Charles ~~Edward~~ Dranbauer

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11th 1884
4. *Place of Birth, (Street and Number)* 81 Parkins St
5. *Full Name of Mother,* Elvina Dranbauer
6. *Mother's Maiden Name,* " " " Menchey
7. *Mother's Birthplace,* Lancaster, Pa.
8. *Full Name of Father,* Chas. Dranbauer
9. *Father's Occupation,* Brewer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Wm Gombel M.D.

*Address,* 170 S. Sharp St

*Remarks,* Breech presentation

ET, PRINTER & STATIONER, BALT.

70129

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 16 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 11 the |
| 4. *Place of Birth, (Street and Number)* | No 101 E Lombard |
| 5. *Full Name of Mother,* | Mary V Stewart |
| 6. *Mother's Maiden Name,* | Mary V Stewart |
| 7. *Mother's Birthplace,* | Annapolis |
| 8. *Full Name of Father,* | John L Stewart |
| 9. *Father's Occupation,* | painter |
| 10. *Father's Birthplace,* | A A Coast |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs H Knowles |
| *Address,* | No 136 S Caroline |
| *Remarks,* | |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70830

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | April 11th 84 |
| 4. Place of Birth, (Street and Number) | 331 Vine St |
| 5. Full Name of Mother, | Georgie Anetha Plumer |
| 6. Mother's Maiden Name, | |
| 7. Mother's Birthplace, | Balto City |
| 8. Full Name of Father, | John Russell Antheon |
| 9. Father's Occupation, | Drayman |
| 10. Father's Birthplace, | Balto |
| Name of Medical Attendant, or other Person who makes this Return | H Nelson M D |
| Address, | Calvert & Balto |
| Remarks, | |

ANY & SON, CITY PRINTERS AND STATIONERS

70831

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11 1884
4. *Place of Birth, (Street and Number)* 146 Cannall St
5. *Full Name of Mother,* Barbray Celander
6. *Mother's Maiden Name,* Barbry Schooman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Celander
9. *Father's Occupation,* Taylor
10. *Father's Birthplace.* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Louisa Smith

*Address,* the name of the child George Celander

*Remarks,*

PRINTERS AND STATIONERS

70132

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th of April
4. Place of Birth, (Street and Number) No 74½ Harrison St
5. Full Name of Mother, Maly Schreiber
6. Mother's Maiden Name, Stavisky
7. Mother's Birthplace, Rusken Polen Brauschnitz
8. Full Name of Father, Max Schreiber
9. Father's Occupation, Schuhmacer
10. Father's Birthplace, Plotsk Rusken Polen

Name of Medical Attendant, or other Person who makes this Return Barbara Reiß Gebaum

Address, No 28. [illegible]

Remarks, [illegible]

[illegible] the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third days of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period [illegible] required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PRINTERS AND STATIONERS.

70133

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th April

4. Place of Birth, (Street and Number) No 64 Rob-St. (Canton)

5. Full Name of Mother, Agnes Gleig

6. Mother's Maiden Name, = Fiedler

7. Mother's Birthplace, Neuling-Bavaria (Germ)

8. Full Name of Father, Barthelemaus Gleig

9. Father's Occupation, Bäcker

10. Father's Birthplace, Laam Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs E. Bebmben

Address, 54 Essex-St.

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the physician, in the form of certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent of such child to report its birth to the Board of Health, in the manner, and within the period required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

70834

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 11, 1884
4. Place of Birth, (Street and Number) 299 McDonogh St
5. Full Name of Mother, Fannie Prutz
6. Mother's Maiden Name, Lindenborn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adolph Prutz
9. Father's Occupation, Segar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonogh st

Remarks,

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period abo[illegible]quired, except in the cases of the births and deaths [illegible] legitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions o[illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 70835

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* second chd

1. *Sex (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth* April 11. 1884
4. *Place of Birth, (Street and Number)* No 527 Light "
5. *Full Name of Mother* Nettie Krause
6. *Mother's Maiden Name* Nettie Echart
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Krause
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace* Balt

*Name of Medical Attendant,* or other Person who makes this Return. J H Patterson M D

*Address* 23 Franklin St

*Remarks*

[illegible] thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70836

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 11th 1884
4. *Place of Birth, (Street and Number)* 118 Dover St
5. *Full Name of Mother,* Mary Hopkins
6. *Mother's Maiden Name,* Mary Earles
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* Daniel Hopkins
9. *Father's Occupation,* White Washer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Margaret [illegible]

*Address,* 70 Wilcox Ave

*Remarks,*

shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and [illegible]ities are recoverable.

Co., City Printers and Stationers.

# RETURN OF A BIRTH

70837

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 11 1884
4. *Place of Birth, (Street and Number)* 101 Park St
5. *Full Name of Mother,* Mollie Koch
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other Person who makes this Return. —

*Address,* Margaret Jones

*Remarks,* 70 Wilson Ave

shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Co., City Printers and Stationers.

70838

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether* ~~1st~~, 2d, ~~3d~~ *&c.)*

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 11th
4. *Place of Birth, (Street and Number)* No 192 S. Eutaw St
5. *Full Name of Mother,* Anna Schnibbe
6. *Mother's Maiden Name,* Anna Horsby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. Schnibbe
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Miss Munch

*Address,* 1 Seatonhall Pkwy

*Remarks,*

[illegible] birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

70839

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* male ~~female~~
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 April
4. *Place of Birth, (Street and Number)* 78 Calhoun st.
5. *Full Name of Mother,* Kate Hix
6. *Mother's Maiden Name,* Kate Deigert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C. Hix
9. *Father's Occupation,* Piano maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Seebach

*Address,* 439 west Pratt st.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

70840

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 11th 1884
4. Place of Birth, (Street and Number) 208 S. Bond St.
5. Full Name of Mother, Sophia Neidhardt
6. Mother's Maiden Name, " Schreiner
7. Mother's Birthplace, City
8. Full Name of Father, George Neidhardt
9. Father's Occupation, Potter
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 12 Bank St.

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or p[illegible]ts of such child to report its birth to the Board of [illegible]h, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths o[illegible]gitimate children, and any person or persons w[illegible]ail hereafter fail to comply with the provisions of th[illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT 2 1884 BALTIMORE

CO., CITY PRINTERS AND STATIONERS.

70841

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11th 1884
4. *Place of Birth, (Street and Number)* No 4 Baker st
5. *Full Name of Mother,* Alice Knapp
6. *Mother's Maiden Name,* Alice Yealdhall
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Louis Knapp
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. Merenzahl

*Address,* 345 Penna ave

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

7082/2

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11th 1884
4. *Place of Birth, (Street and Number)* Prestman St extend
5. *Full Name of Mother,* Katie Klein
6. *Mother's Maiden Name,* Katie Alt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Klein
9. *Father's Occupation,* Gern Grocer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. Mezen etal

*Address,* 245 Fenton Ave

*Remarks,*

Certificate, between the first and third day of each and every month of the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

7084/3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 girl

1. Sex, (state whether male or female) white
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 April
4. Place of Birth, (Street and Number) 220 Chase Street
5. Full Name of Mother, Françoise Haiser
6. Mother's Maiden Name, Hirchher
7. Mother's Birthplace, Geisselbach Baiern
8. Full Name of Father, Adam Haiser
9. Father's Occupation, carpenter
10. Father's Birthplace, Geisselbach Baiern

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address, 239 E Eager St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7084

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 11 1884 BALTIMORE

of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* John E. Deal

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* In Eur of our Lord 1883 December 25

4. *Place of Birth, (Street and Number)* Baltimore City # 261 Cross st

5. *Full Name of Mother,* Sarah E. Deal

6. *Mother's Maiden Name,* Sarah E. Easter

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Louis Deal

9. *Father's Occupation,* Brickmaker

10. *Father's Birthplace,* Calvert County

*Name of Medical Attendant,* or other Person who makes this Return. Annie Johnson

*Address,*

*Remarks,*

D. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

70845

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 15 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12 1884
4. *Place of Birth, (Street and Number)* Corner of Olive & Randall st
5. *Full Name of Mother,* Annie Keirle
6. *Mother's Maiden Name,* Annie Donnally
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Wm. T. Keirle
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace.* Balt city md

*Name of Medical Attendant,* or other Person who makes this Return E. Hinton

*Address,* No 79 Randall St

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

70846

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10 th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 12 — 1884
4. *Place of Birth, (Street and Number)* No. 411 Eutaw st.
5. *Full Name of Mother,* Mary Hartman
6. *Mother's Maiden Name,* Hidon
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Hartman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return J. Lobwasser midwif

*Address,* 330 Hanover st.

*Remarks,*

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period abov[illegible]quired, except in the cases of the births and deaths [illegible]legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and pena[illegible] are recoverable.

...NE, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70847

HEALTH DEPARTMENT APR 17 1894 BALTIMORE

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 12 1894

4. *Place of Birth, (Street and Number)* 1645 Hamburg St

5. *Full Name of Mother,* Sarah Ann Morrison

6. *Mother's Maiden Name,* Sarah Ann Wheeler

7. *Mother's Birthplace,* Dorchester County Md

8. *Full Name of Father,* John Morrison

9. *Father's Occupation,* Waterman ~~Dorchester County Md~~

10. *Father's Birthplace.* Dorchester Co Md

*Name of Medical Attendant,* or other Person who makes this Return Mary E Anderson

*Address,* Key St nr C

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70848

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 17 1934 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White Road |
| 3. *Date of Birth,* | 12th of April |
| 4. *Place of Birth, (Street and Number)* | 429 Eastern ave |
| 5. *Full Name of Mother,* | Mary Roth |
| 6. *Mother's Maiden Name,* | Mary Holt |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Samuel Roth |
| 9. *Father's Occupation,* | Cooper |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Wiley |
| *Address,* | 1011 Patterson Park ave |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

70849

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 17 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12 = 1884
4. *Place of Birth, (Street and Number)* No 400 Canton Ave
5. *Full Name of Mother,* Anna Snyder
6. *Mother's Maiden Name,* Creamer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Snyder
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah T Harington

*Address,* No 387 Eastern Ave

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

10850

HEALTH DEPARTMENT APR 16 1884 BALTIMORE

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* April 12th 1884

4. *Place of Birth, (Street and Number)* No. 3 Bartlet Street

5. *Full Name of Mother.* Francies Griffin

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Balto County Md

8. *Full Name of Father,* Barney Griffin

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Queens Annes County Md

*Name of Medical Attendant,* or other Person who makes this Return Deborah Thomas

*Address,* 71 Burgundy Alley

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH.

70881

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 12th April 1884
4. *Place of Birth* (Street and Number) 713 W. Lombard St
5. *Full Name of Mother* Ellen Moore Shipley
6. *Mother's Maiden Name* Ellen Moore Cranbleth
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles E. Shipley
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Howard Co. Md

*Name of Medical Attendant,* or other Person who makes this Return. F. T. Benson M.D.

*Address* 187 Hollins St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

(over)

70152

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 18 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | April 12th |
| 4. Place of Birth, (Street and Number) | 20 Walkerst Balto Co. |
| 5. Full Name of Mother, | Mary Elizabeth Stein |
| 6. Mother's Maiden Name, | Mary Elizabeth Feltman |
| 7. Mother's Birthplace, | Germany. |
| 8. Full Name of Father, | John Stein |
| 9. Father's Occupation, | Tailor. |
| 10. Father's Birthplace, | Germany. |
| Name of Medical Attendant, or other Person who makes this Return | Caroline Miller |
| Address, | No 5 Walkerst |
| Remarks, | |

..., CITY PRINTERS AND STATIONERS.

1085

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12th 1884.

4. Place of Birth, (Street and Number) No 107 Henrietta st.

5. Full Name of Mother, Fannie Aston

6. Mother's Maiden Name, Fannie Platt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Aston

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Guthrie Hornung

Address, No 18 Bayard st.

Remarks,

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

certificate, between the first and third day of each and every month to the Board of Health. In case no birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

70854

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12/84
4. *Place of Birth, (Street and Number)* 346 Hanover St
5. *Full Name of Mother,* Catherine A Huber
6. *Mother's Maiden Name,* " " " Hutton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A Huber
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St Apt B

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and pena[illegible]re recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

708 55

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 20 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 – 1884.
4. Place of Birth, (Street and Number) No 15. Abbott Str.
5. Full Name of Mother, Barbara Benda
6. Mother's Maiden Name, " Cihlár
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Wenzel Benda
9. Father's Occupation, Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20. Barnes Str

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]uired, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons [illegible]hall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penalt[illegible]are recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

70886

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteen (13)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12 - 1894.

4. Place of Birth, (Street and Number) No 403. Barnes Str.

5. Full Name of Mother, Anthonie Rejcic

6. Mother's Maiden Name, " Peters

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Albert Rejcic

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephine Konrad

Address, No 20. Barnes St

Remarks,

CITY PRINTERS AND STATIONERS.

70857

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First. 1

1. *Sex, (state whether male or female)* Feamail
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth,* April 12.
4. *Place of Birth, (Street and Number)* No. 4. Hulls. Lane
5. *Full Name of Mother,* Mary Boom
6. *Mother's Maiden Name,* Mary Maison
7. *Mother's Birthplace,* Tolbert County
8. *Full Name of Father,* John Boom
9. *Father's Occupation,* Laibear
10. *Father's Birthplace,* West River

*Name of Medical Attendant,* or other Person who makes this Return Hearst Jackson

*Address,* No. 5 Forest. St

*Remarks,*

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible]ro recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

7058

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th. |
| 1. *Sex, (state whether male or female)* | Females |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 12th. 1884. |
| 4. *Place of Birth, (Street and Number)* | No 45 Snyder St. |
| 5. *Full Name of Mother,* | Mollie Schneider |
| 6. *Mother's Maiden Name,* | Mollie Eck. |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Lewis Schneider |
| 9. *Father's Occupation,* | Cabinet maker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | M. A. Bull |
| *Address,* | No. 185. S.E. cor. Central av. & Monument St. |
| *Remarks,* | All Well |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70859

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 12th 1884 |
| 4. *Place of Birth, (Street and Number)* | 178 N. Spring St. |
| 5. *Full Name of Mother,* | Elizabeth Hatrick |
| 6. *Mother's Maiden Name,* | " Kitton |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | George Hatrick |
| 9. *Father's Occupation,* | Baker |
| 10. *Father's Birthplace,* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Hanna Hillquist |
| *Address,* | 182 E. Monument St. |
| *Remarks,* | |

& CO., CITY PRINTERS AND STATIONERS

70860

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* January the 26
4. *Place of Birth, (Street and Number)* Baltimore No 52 race s
5. *Full Name of Mother,* Ida Dixon
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Winfield Henry
9. *Father's Occupation,* Draymen
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return: Anna Johnson

*Address,* No 89 Plum Alley

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

B. PIET, PRINTER & STATIONER, BALT.

70861

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR 14 1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | colord |
| 3. *Date of Birth,* | april 13th |
| 4. *Place of Birth, (Street and Number)* | no 8 ricket court |
| 5. *Full Name of Mother,* | mary Brooks |
| 6. *Mother's Maiden Name,* | mary anderson |
| 7. *Mother's Birthplace,* | kent island md |
| 8. *Full Name of Father,* | arther brooks |
| 9. *Father's Occupation,* | labour |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | mrs Lydia Porter |
| *Address,* | no 4 patapsco avenue |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. ... the birth of any child shall occur without the attendance of a physician, or of a practitioner of m... ry, or should no other person be in attendance upon the mother, immediately thereafter, it shall then ... no the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of t... tion shall be subject to a fine of ten dollars ... such offence, to be recovered as other fines and penalties are recoverable.

D., CITY PRINTERS AND STATIONERS.

70862

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 15 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 13th of April 1884
4. *Place of Birth, (Street and Number)* No 24 Getz Avenue bet Charles & Bidette New
5. *Full Name of Mother,* Mary Koch
6. *Mother's Maiden Name,* Mary Ditzel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry A Koch
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Christina Lauer

*Address,* No 173 Harford Ave

*Remarks,* Baltimore Md.

1884

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a line of ten dollars [illegible]ach offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

70 863

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 April
4. *Place of Birth, (Street and Number)* 213 Eastern Avenue
5. *Full Name of Mother,* Katie Singer
6. *Mother's Maiden Name,* Aidel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Singer
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of the [illegible]tion shall be subject to a fine of ten dollars [illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

7c864

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR 17 1894
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 April
4. *Place of Birth, (Street and Number)* 24 Castle
5. *Full Name of Mother,* Emila Wetgel
6. *Mother's Maiden Name,* Spintler
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Otto Wetgel
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines may be recoverable.

..., CITY PRINTERS AND STATIONERS.

70165

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 17 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 1884
4. Place of Birth, (Street and Number) 10 Boston st
5. Full Name of Mother, Mary Klingelhofer
6. Mother's Maiden Name, Snyder
7. Mother's Birthplace, York Co. Pa.
8. Full Name of Father, William Klingelhofer
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1884 BALTIMORE

of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 1884
4. Place of Birth, (Street and Number) #161 W. Lombard st-
5. Full Name of Mother, Annie Brown
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Don't Know
9. Father's Occupation, " "

Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return N. G. Chapman M.D.

Address, #161 W. Lombard st-

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

7087

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 16 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 13th of April 1884.
4. Place of Birth, (Street and Number) 086 Hanstead Treat.
5. Full Name of Mother, Katie Farn
6. Mother's Maiden Name, Katie Neary
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Neary
9. Father's Occupation, Laborman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel.

Address, 11 North Chapel St. per Justina Kunkel

Remarks, Healthy.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, in case the should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7068

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother,* (*state whether* 1st, 2d, 3d, &c.) | Second Child |
| 1. *Sex,* (*state whether male or female*) | Little Boy |
| 2. *Race or Color,* (*if not of the white race*) | White Race |
| 3. *Date of Birth,* | 13th April 1884 |
| 4. *Place of Birth,* (*Street and Number*) | Baltimore 450 McHenry st |
| 5. *Full Name of Mother,* | Mrs Grammar |
| 6. *Mother's Maiden Name,* | Miss Lewine Smith |
| 7. *Mother's Birthplace,* | Born in Baltimore |
| 8. *Full Name of Father,* | Mr Grammar |
| 9. *Father's Occupation,* | Labor By Trade |
| 10. *Father's Birthplace,* | Born Bayer in Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Killie |
| *Address,* | 1017 West Pratt st city |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7086.9

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 18 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 13 April

4. Place of Birth, (Street and Number) hamburg st 204

5. Full Name of Mother, georgeanna wilks

6. Mother's Maiden Name, Evens

7. Mother's Birthplace, Balto

8. Full Name of Father, mile wilks

9. Father's Occupation, Sinall

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Harford st 308

Remarks,

...CITY PRINTERS AND STATIONERS.

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH 70870

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1904 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 13th '84 |
| 4. *Place of Birth, (Street and Number)* | 57 Clay St. |
| 5. *Full Name of Mother,* | Mrs. Ida Kerby |
| 6. *Mother's Maiden Name,* | Miss Ida Neal |
| 7. *Mother's Birthplace,* | Kent Co Md |
| 8. *Full Name of Father,* | Robt. Kerby |
| *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | T. Chew. Worthington M D |
| *Address,* | No. 373 W. Fayette St |
| *Remarks,* | |

...ers, is or their physical condition, whether sub-form or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

R. PIET, PRINTER & STATIONER, BALT.

70871

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 13th 1894
4. Place of Birth, (Street and Number) No 25 Monroe St
5. Full Name of Mother, Hanna Norman
6. Mother's Maiden Name, Hanna Hani
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Norman
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return E Dunax

Address, No 827 W Lombard St

Remarks,

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of [illegible]timate children, and any person or persons who shall hereafter fail to comply with the provisions of the [illegible]tion shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties [illegible] recoverable.

...CITY PRINTERS AND STATIONERS.

7087 2

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4. birth |
| 1. *Sex, (state whether male or female)* | mal |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth,* | 13 April |
| 4. *Place of Birth, (Street and Number)* | Castle str. No 62 |
| 5. *Full Name of Mother,* | Elisabetha Mellow |
| 6. *Mother's Maiden Name,* | " " Sleben |
| 7. *Mother's Birthplace,* | Scheffil - England |
| 8. *Full Name of Father,* | Thomas - Mellow |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Scheffil England |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Mauer |
| *Address,* | |
| *Remarks,* | Lombard str. 278 |

...ate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who hereafter fail to comply with the provisions of this ... shall be subject to a fine of ten dollars for ... offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

7887

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~356 Park Ave~~ April 13: 84
4. Place of Birth, (Street and Number) 356 Park Ave
5. Full Name of Mother, Bettie R. Griswold
6. Mother's Maiden Name, " Robertson
7. Mother's Birthplace, Hagerstown Md
8. Full Name of Father, Benj: H. Griswold
9. Father's Occupation, Superintendent of B. & O. R.R.
10. Father's Birthplace, Hagerstown

Name of Medical Attendant, or other Person who makes this Return F. C. Phillips M.D.

Address, 201 Madison Ave

Remarks,

...., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70874

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 13
4. *Place of Birth, (Street and Number)* 697 Hanover Ste Baltimore
5. *Full Name of Mother,* Elise Reuling
6. *Mother's Maiden Name,* — Jungel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred. Reuling
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Miss Munch

*Address,* 1 Leatenhall Strit

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

., CITY PRINTERS AND STATIONERS.

70875

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13: 11 A.M. 1884
4. Place of Birth, (Street and Number) 139 Fairmount Ave
5. Full Name of Mother, Lillie Phieler
6. Mother's Maiden Name, Lillie Janney
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, William Henry Phieler
9. Father's Occupation, Machinist
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return James E Dwinelle M.D.

Address, 299 E Baltimore St.

Remarks,

...ificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penal[illegible]re recoverable.

...CITY PRINTERS AND STATIONERS.

70876

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1884
4. Place of Birth, (Street and Number) No 378 Charles st
5. Full Name of Mother, Anna Wright
6. Mother's Maiden Name, Anna Seymer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Wright
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catharine Hornung

Address, No 18 Byrd Street.

Remarks,

---

In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

70877

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 1st 84
4. Place of Birth, (Street and Number) 181 N. Fremont St.
5. Full Name of Mother, Lizzie O. Lewis
6. Mother's Maiden Name, Lizzie O Warner
7. Mother's Birthplace, Md.
8. Full Name of Father, Arthur W. Lewis
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return — D. H. Miller M.D.

Address. 188 Franklin St.

Remarks.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

GEO., CITY PRINTER AND STATIONER.

70878

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2nd 1884
4. *Place of Birth, (Street and Number)* 497 N Gay St
5. *Full Name of Mother,* Lotta Meyer
6. *Mother's Maiden Name,* Lipp
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles H. A. Meyer
9. *Father's Occupation,* Pharmacist
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return S. H. Seldner M. D.

*Address,* S. E. Cor. Eager & Caroline Sts.

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...AS, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70879

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 2 1884
4. *Place of Birth, (Street and Number)* 87 Nash Market West
5. *Full Name of Mother,* Mary Paul ~~Hensel~~
6. *Mother's Maiden Name,* Hensel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Paul
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary Stein

*Address,* 161 E Pratt st.

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

70810

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 6th 1884 |
| 4. *Place of Birth, (Street and Number)* | 57 Jefferson St |
| 5. *Full Name of Mother,* | Amanda Elliot |
| 6. *Mother's Maiden Name,* | Harman |
| 7. *Mother's Birthplace,* | Balto Baltimore |
| 8. *Full Name of Father,* | Lewis Elliot |
| 9. *Father's Occupation,* | Book Keeper |
| 10. *Father's Birthplace,* | Va |
| *Name of Medical Attendant,* or other Person who makes this Return | S. H. Seldner M. D. |
| *Address,* | S. E. Cor Eager & Caroline Sts |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70881

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 9th 1884

4. Place of Birth, (Street and Number) Cor Canal & Biddle Sts

5. Full Name of Mother, Carrie Scarff.

6. Mother's Maiden Name, Brandt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William F Scarff

9. Father's Occupation, Wire Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return S H Seldner M.D.

Address, S E Cor Eager & Caroline Sts

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, to the person in certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

70882

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 10 – 1884
4. *Place of Birth, (Street and Number)* 306 Canton Av.
5. *Full Name of Mother,* Lizzie Bauer
6. *Mother's Maiden Name,* Bonnet
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Bauer
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace.* Bauer

*Name of Medical Attendant,* or other Person who makes this Return Mary Stein

*Address,* 161 E Pratt St.

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 10883

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE

● *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 10th April 1884
4. *Place of Birth, (Street and Number)* 5 Seldner St Baltimore
5. *Full Name of Mother,* Isabella Bordley
6. *Mother's Maiden Name,* Isabella - Bordley
7. *Mother's Birthplace,* Rock Island - Md
8. *Full Name of Father,* John Robinson
9. *Father's Occupation,* Teamster
- ● *Father's Birthplace,* Dorchester County Md

*Name of Medical Attendant,* or other Person who makes this Return Caroline Moore

*Address,* # 2 - Seldner St Baltimore

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

70884

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 14th 1884
4. *Place of Birth, (Street and Number)* No. 96 and 98 Style St.
5. *Full Name of Mother,* Christena Upshaw
6. *Mother's Maiden Name,* " " Shreve
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Upshaw
9. *Father's Occupation,* Wheelwright
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophia Siemon

*Address,* No 70 Granby St.

*Remarks,*

Certificate, to be sent the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

D., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

1885

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR
15
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 the

1. *Sex, (state whether male or female)* Boj
2. *Race or Color, (if not of the white race)* Withe
3. *Date of Birth,* 14 Ayriel
4. *Place of Birth, (Street and Number)* 259 S: Wolfe Street
5. *Full Name of Mother,* Annie Haines
6. *Mother's Maiden Name,* Garie
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Dziem Garie
9. *Father's Occupation,* ———
10. *Father's Birthplace,* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return Marie Güthner

*Address,* 245 S: Wolfe Street.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

70856

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 th Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 14 1884
4. *Place of Birth, (Street and Number)* No. 120 Fort av.
5. *Full Name of Mother,* Fridricke Heck
6. *Mother's Maiden Name,* Eversman
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Charles Heck
9. *Father's Occupation,* Butcher
10. *Father's Birthplace.* Germany.

*Name of Medical Attendant,* or other Person who makes this Return J. Lohmeier midwife

*Address.* 339 Hanover st.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ND., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 14th 1884

4. Place of Birth, (Street and Number) Alys st No 1

5. Full Name of Mother, Ann Eliza Mitchel

6. Mother's Maiden Name, Ann Eliza Lee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Mitchel

9. Father's Occupation, Boatsman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, Alys Street No 11

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

70888

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. Sex, (state whether male or female) Male child

2. Race or Color, (if not of the white race) Color Child

3. Date of Birth, 14 of April year 1884

4. Place of Birth, (Street and Number) No. 70 Ledhall street

5. Full Name of Mother, Change finnet

6. Mother's Maiden Name, Change Hossay

7. Mother's Birthplace, Baltimore, M. D.

8. Full Name of Father, Ede Finney

9. Father's Occupation, Oyster

10. Father's Birthplace, Dorchester Cuntry

Name of Medical Attendant, or other Person who makes this Return Mussley Gross

Address, No. 12. plum alley

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period a[illegible] required, except in the cases of the births and deat[illegible] illegitimate children, and any person or pers[illegible] who shall hereafter fail to comply with the provisions [illegible]is section shall be subject to a fine of ten dol[illegible] for each offence, to be recovered as other fines and pe[illegible]ties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

70889

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH APR 16 1884 BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d Child

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April the 14. 1884

4. *Place of Birth, (Street and Number)* E. Bald^o St. No 291

5. *Full Name of Mother,* Rosa Lane.

6. *Mother's Maiden Name,* Rosa Lavinson

7. *Mother's Birthplace,* New York. St. N.Y. U.S.

8. *Full Name of Father,* Aaron L. Lane

9. *Father's Occupation,* Merchant Taylor

10. *Father's Birthplace,* Trzechna. K. Preussen Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Miller

*Address,* N. Dallas St. No 26

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

79890

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT.
16
1894
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ds Child

1. Sex, (state whether ~~male or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April the 14. 1894.
4. Place of Birth, (Street and Number) 16 Bond St. No 11.
5. Full Name of Mother, Mary Hartwary
6. Mother's Maiden Name, Mary Kearns
7. Mother's Birthplace, New York. State N. Y. U.S.
8. Full Name of Father, Georg Hartwary
9. Father's Occupation, Genl's Furniture
10. Father's Birthplace, Nebrasca. Canada. Britt. America

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, 1½ Dallas St. No 26

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

70891

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* april the 14th
4. *Place of Birth, (Street and Number)* Baltimore Lumbort st No 158
5. *Full Name of Mother,* Mary Barrett
6. *Mother's Maiden Name,* farrell
7. *Mother's Birthplace,* washington
8. *Full Name of Father,* John Barrett
9. *Father's Occupation,* lawyer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Elisabeth Hathorn

*Address,* william st No 374

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

70892

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 15 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | female mulatto |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 14 April |
| 4. *Place of Birth, (Street and Number)* | Wilcox al 12 |
| 5. *Full Name of Mother,* | Martha Sims |
| 6. *Mother's Maiden Name,* | Groton |
| 7. *Mother's Birthplace,* | Calvert Co |
| 8. *Full Name of Father,* | John Sims |
| 9. *Father's Occupation,* | Driver |
| 10. *Father's Birthplace,* | Carr String |
| *Name of Medical Attendant,* or other Person who makes this Return | A Wilson |
| *Address,* | Howard St 308 |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

7089 3

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th 1884.
4. Place of Birth, (Street and Number) No 92 Hamburg st.
5. Full Name of Mother, Barbara Nagle
6. Mother's Maiden Name, Barbara Prof
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Nagle
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catharine Hermann

Address, No 18 Byrd st

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 10894

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
19
1894
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth April 14th 1894
4. Place of Birth, (Street and Number) No 268 Fort Ave
5. Full Name of Mother Lucie E Greene
6. Mother's Maiden Name Lucie E Parkinson
7. Mother's Birthplace Md
8. Full Name of Father Benjamin F Greene
9. Father's Occupation Laborer
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. mrs J Normal mid wife

Address No 319 Fort ave

Remarks mother and babe doing well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

70895

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

[redacted] of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th, April
4. Place of Birth, (Street and Number) 170 N. Bond St
5. Full Name of Mother, Mary ~~Libby~~ Walzen
6. Mother's Maiden Name, Mary Sibly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Walzen
9. Father's Occupation, Baltimore Plasterer
10. [redacted]ather's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Caroline St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

70896

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No of Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 14th 1884
4. *Place of Birth, (Street and Number)* 152 Tyson Street
5. *Full Name of Mother,* Mrs Kate Chase
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Talbert County
8. *Full Name of Father,* Henry S Chase
9. *Father's Occupation,* a Driver of a Private Team
10. *Father's Birthplace,* Cambridge Dorchester Maryland

*Name of Medical Attendant,* or other Person who makes this Return

*Address,*

*Remarks,*

CITY PRINTERS AND STATIONERS.

70897

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14 1884
4. Place of Birth, (Street and Number) 96 Block st
5. Full Name of Mother, Lena Norton
6. Mother's Maiden Name, Lena Chapeline
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Norton
9. Father's Occupation, Labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Smith

Address, the child name ~~Katy~~ Katy Norton

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 70898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colord race

3. Date of Birth, April 14th 1884

4. Place of Birth, (Street and Number) Baltimore city 31st st near Jeffrson

5. Full Name of Mother, Sarah Kain

6. Mother's Maiden Name, Sarah Burk

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Ausbury Kain

9. Father's Occupation, Corker

10. [redacted] Father's Birthplace, Dorchester County

Name of Medical Attendant, or other Person who makes this Return Henrieta Glass-gow

Address, Mc Kelderry st extended

Remarks, health good as can be expected

If the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

70899

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirth (3)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14 — 1894
4. Place of Birth, (Street and Number) No 260 Front St
5. Full Name of Mother, Barbara Setter
6. Mother's Maiden Name, Heer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Setter
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Josephine Konrad

Address, No 20 Barnes St

Remarks,

.. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70900

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 21 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | April 14 th 1884 |
| 4. Place of Birth, (Street and Number) | 27 Woodward St |
| 5. Full Name of Mother, | Annie Anderson |
| 6. Mother's Maiden Name, | Annie Hess |
| 7. Mother's Birthplace, | Baltimore Md |
| 8. Full Name of Father, | Geo Anderson |
| 9. Father's Occupation, | Blacksmith |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return | Geo R Graham MD |
| Address, | 136 Columbia ave |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

70901

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* April 14th 1884
4. *Place of Birth, (Street and Number)* Orleans & Young Sts
5. *Full Name of Mother* Sarah Pettitt
6. *Mother's Maiden Name* " Williams
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Allen O Pettitt
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Penna

*Name of Medical Attendant,* or other Person who makes this Return. Edward P. McDevitt

*Address* 54 Aisquith St

*Remarks*

name of the mother of such child or children.

10902

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) 619 Jefferson St

3. Date of Birth, April 14. 1884

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Sarah E Davis

6. Mother's Maiden Name, Keegan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, David O Davis

9. Father's Occupation, Finner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 N Donogh st

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7090

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) twins male, and female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 14th 1884
4. Place of Birth, (Street and Number) 435 Eastern Av—
5. Full Name of Mother, Louise
6. Mother's Maiden Name, Cullina
7. Mother's Birthplace, Germany
8. Full Name of Father, Marcus Ritgert. (Ritgert
9. Father's Occupation, Collector & Conveyancer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, do 12 Patterson Park av

Remarks,

HEALTH DEPARTMENT APR 24 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible]re recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

709 ou

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 14 th 1884

4. Place of Birth, (Street and Number) No 13 Monroe St

5. Full Name of Mother, Anni Norwood

6. Mother's Maiden Name, Anni Cabels

7. Mother's Birthplace, Baltimore

8. Full Neme of Father, Thomas Norwood

9. Father's Occupation, Caleeder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return E Dunnage

Address, No 827 N Lemberd St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

1905

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 9

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 14 April

4. Place of Birth, (Street and Number) 8 Exeter Street

5. Full Name of Mother, Monica Weigand

6. Mother's Maiden Name, = Glaub

7. Mother's Birthplace, Grosslauterbach Bayern

8. Full Name of Father, Michael Weigand

9. Father's Occupation,

10. Father's Birthplace, Landeracher Bayern

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address,

Remarks,

If a child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70906

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)*

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr. 14, 84.
4. *Place of Birth, (Street and Number)* S. Wolfstr No 52.
5. *Full Name of Mother,* Eva Emmore
6. *Mother's Maiden Name,* Strob
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Ethar Emmore
9. *Father's Occupation,* Lehner
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Ranbuch

*Address,* S. Wolfstr 14

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dolla[illegible] each offence, to be recovered as other fines and pen[illegible] are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

70907

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 8 a Female 9 Male

1. *Sex, (state whether male or female)* Twins Male White Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* The 15th of April 1884

4. *Place of Birth, (Street and Number)* No 275 Eager St

5. *Full Name of Mother,* Maggie Gubberlet

6. *Mother's Maiden Name,* Maggie Walsh

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Charles Gubberlet

9. *Father's Occupation,* Cigar Maker

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Ch. Lauer

*Address,* No 173 Harford Ave

*Remarks,* Baltimore Md 1884

[illegible] birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

70908

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 15 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 15 April
4. Place of Birth, (Street and Number) 96 S. Exeter
5. Full Name of Mother, Mollie Martin
6. Mother's Maiden Name, Doil
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Martin
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard

Remarks,

... CITY PRINTERS AND STATIONERS.

70909

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

APR 19 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4te Kind

1. Sex, (state whether male or female) Knabchen

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, Geboren den 16te April

4. Place of Birth, (Street and Number) No 178 Lornod Str.

5. Full Name of Mother, H. Emma Dispo

6. Mother's Maiden Name, Emma Huth.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Johan Dispo

9. Father's Occupation, Handarbeiter

10. Father's Birthplace, Baltmore

Name of Medical Attendant, or other Person who makes this Return, Friederike Hartmann

Address, No 202. N. Dallas Str.

Remarks, Holzmann

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

20910

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 18 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8tes Kind

1. *Sex, (state whether male or female)* Bub
2. *Race or Color, (if not of the white race)* Weiß
3. *Date of Birth,* Geboren den 15ten April
4. *Place of Birth, (Street and Number)* No 271. S. Dallas Str
5. *Full Name of Mother,* Barbara Kaufmann
6. *Mother's Maiden Name,* Barbara Gräf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Schenck. Kaufmann
9. *Father's Occupation,* Mansichtet
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Friderike Kaufmann

*Address,* No 202. S. Dallas Str

*Remarks,* Hebamme

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70911

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 10 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 15th 1884, Tue

4. Place of Birth, (Street and Number) 111 Edmondson ave

5. Full Name of Mother, Katie Davenport

6. Mother's Maiden Name, Dodd

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, James P. Davenport

9. Father's Occupation, Com. Traveller

10. Father's Birthplace, Georgia

Name of Medical Attendant, or other Person who makes this Return James Bacon M D

Address Cor. Arlington ave & Mosher St

Remarks,

... CITY PRINTERS AND STATIONERS.

70912

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 3ter

1. Sex, (state whether male or female) Madchen
2. Race or Color, (if not of the white race) Schwarz
3. Date of Birth. Geboren den 15 April
4. Place of Birth, (Street and Number) No 201. ~~[illegible]~~ Dallas Str
5. Full Name of Mother, — — —
6. Mother's Maiden Name, Sarg Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, — — —
9. Father's Occupation, — — —
10. Father's Birthplace, — — —

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address. No 202. Str Dallas Str

Remarks. He Comme

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7091 3

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 18 1884 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2'1 children |
| *1. Sex (state whether Male or Female)* | Female Child |
| *2. Race or Color (if not of the white race)* | Mulatto " " |
| *3. Date of Birth* | 15 April 1884 |
| *4. Place of Birth (Street and Number)* | No 24 New Church st |
| *5. Full Name of Mother* | Larra Thomas |
| *6. Mother's Maiden Name* | Larra gant |
| *7. Mother's Birthplace* | Amundel Cunty |
| *8. Full Name of Father* | Elick Thomas |
| *9. Father's Occupation* | Shoemaker |
| *10. Father's Birthplace* | Colbert County |
| *Name of Medical Attendant, or other Person who makes this Return.* | Sarah Devoll |
| *Address* | No 9 Jasper St |
| *Remarks* | |

70914

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 15 1884
4. *Place of Birth, (Street and Number)* 244 Pratt St
5. *Full Name of Mother* Amanda J Harris
6. *Mother's Maiden Name* Amanda J Meek
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Charles W Harris
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Mary Conner 153

*Address* Collington avenue

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72915

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* April 15th
4. *Place of Birth, (Street and Number)* 86 Chesnut Al
5. *Full Name of Mother,* Mary L Thomas
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return JM Hundley MD

*Address,* 22 Edmondson Ave

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

70916

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

APR 21 1904 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 15th |
| 4. *Place of Birth, (Street and Number)* | 44 Portland st. |
| 5. *Full Name of Mother,* | Caroline Berger |
| 6. *Mother's Maiden Name,* | Bing |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Berger |
| 9. *Father's Occupation,* | ~~Germany~~ (Butcher) |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | C. L. Buddenbohm M.D. |
| *Address,* | 166. S. Paca st. |
| *Remarks,* | |

... CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

10917

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Tuesday April 15-4
4. Place of Birth, (Street and Number) Balto M.d. 3 Greenwillow Pl
5. Full Name of Mother, Mrs Eliza Lynch
6. Mother's Maiden Name, Miss Eliza Mathews
7. Mother's Birthplace, Patrcyal
8. Full Name of Father, Charles H Lynch
9. Father's Occupation, Coachmen
10. Father's Birthplace, Lynchburg

Name of Medical Attendant, or other Person who makes this Return Mrs Johnson

Address, 94 Tyson Street

Remarks, Going Well

HEALTH DEPARTMENT APR 22 1884 BALTIMORE

Birth of any Child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons so shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70918

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 15th of April 1884 |
| 4. *Place of Birth, (Street and Number)* | 29 S. Eutaw Street |
| 5. *Full Name of Mother,* | Maria Charlotta Amalie Blanck Thies |
| 6. *Mother's Maiden Name,* | Mrs Thies |
| 7. *Mother's Birthplace,* | Town Hanover Germany |
| 8. *Full Name of Father,* | Oscar Richard William Blanck |
| 9. *Father's Occupation,* | Clock Cutter |
| 10. *Father's Birthplace,* | Berlin Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Bange |
| *Address,* | 276 Cross Street |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS.

70909

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15th 1884
4. Place of Birth, (Street and Number) 176 [illegible] St.
5. Full Name of Mother, Bridget Maple
6. Mother's Maiden Name, " Fleming
7. Mother's Birthplace, Ireland
8. Full Name of Father, Charles Maple
9. Father's Occupation, Minister
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. [illegible] Hellegast

Address, 182 E. [illegible] St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70920

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

*No. of Child of Mother.* (*state whether* 1st, 2d, 3d, *&c.*)

1. *Sex.* (*state whether male or female*) Male

2. *Race or Color.* (*if not of the white race*) Colored

3. *Date of Birth,* 15th April

4. *Place of Birth.* (*Street and Number*) 83 McElderry Al-

5. *Full Name of Mother.* Anna M. Jones

6. *Mother's Maiden Name.* Anna M Bukes

7. *Mother's Birthplace.* Baltimore City

8. *Full Name of Father.* Andrew A. Jones

9. *Father's Occupation,* Cook.

10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Anna M Dunham

*Address,*

*Remarks,*

...

...

...

10921

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 15 1884
4. Place of Birth, (Street and Number) Baltimore 766 West Baltimore Street
5. Full Name of Mother, Mary Jane McCarley
6. Mother's Maiden Name, Mary Jane McLaughlin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James McCarley
9. Father's Occupation, Machinist B. & O R R
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 N. Poppleton St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70922

# RETURN OF A BIRTH.

GIVEN NAME ADDED 7/10/61

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

Name: Randolph Ashway

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth April 15, 1884
4. Place of Birth (Street and Number) 74 S. Exeter St.
5. Full Name of Mother Christina
6. Mother's Maiden Name Lay
7. Mother's Birthplace Balto
8. Full Name of Father Louis Ashway
9. Father's Occupation Ingeneer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. D. Gillorawetz M.D.

Address 137 W Fayette.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7092 (3

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 29 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Ap. 15th /84
4. Place of Birth, (Street and Number) 233 E. Baltimore St.
5. Full Name of Mother, Emma Harriet Whittington
6. Mother's Maiden Name, Ruff
7. Mother's Birthplace, Indiana
8. Full Name of Father, James Dallas Whittington
9. Father's Occupation, Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return E. P. Bons M.D.

Address. 375 E. Balto. St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

709 21

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 30 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 15th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 431 Port Street |
| 5. *Full Name of Mother,* | Mrs Mary Roby |
| 6. *Mother's Maiden Name,* | Miss Mary Burgett |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Charles Roby |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs R. A. Garrett |
| *Address,* | No 65 Burke St. |
| *Remarks,* | |

certificate, between the first and third days of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period aforesaid, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

70925

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | (3d) Third |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Apr 15th |
| 4. *Place of Birth, (Street and Number)* | No 3 Bakers Ct |
| 5. *Full Name of Mother,* | Caty Carl |
| 6. *Mother's Maiden Name,* | Klein |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | August Carl |
| 9. *Father's Occupation,* | Show Case Mfg |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Mis. Seebach |
| *Address,* | 439 west Pratt st. |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

709 26

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 15th 1884
4. Place of Birth, (Street and Number) 198 S Bethel str.
5. Full Name of Mother, Rasalie Huegel
6. Mother's Maiden Name, " Reis
7. Mother's Birthplace, Germany
8. Full Name of Father, George Huegel
9. Father's Occupation, Segar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bet

Address, 128 Bank str.

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons w[illegible]hall hereafter fail to comply with the provisions of t[illegible]ction shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penalti[illegible]e recoverable.

CO., CITY PRINTERS AND STATIONERS.

70927

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 17 1934 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 5.

1. Sex, (state whether male or female) Female.
2. Race or Color, ~~(if not of~~ the white race)
3. Date of Birth, April 16/84. 21 Feb
4. Place of Birth, (Street and Number) No. 193 S. Ann Street Balto.
5. Full Name of Mother, Marie Lintmann Sarah Cushing
6. Mother's Maiden Name, " Hermann Summers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lintmann James Cushing
9. Father's Occupation, Engineer. Boss in Boyler Shop
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Frederica Kaufmann.

Address, No. 202 S. Dallas Street

Remarks, Midwife. Betz

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70938

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16th 1884.
4. Place of Birth, (Street and Number) No 495 Sight st
5. Full Name of Mother, Katie Marshel
6. Mother's Maiden Name, Katie Banet
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Marshel
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Cathrine Hornung

Address, No 18 Byrd st.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions o[illegible] section shall be subject to a fine of ten doll[illegible] each offence, to be recovered as other fines and pe[illegible] are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

70929

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 19 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, April the 16, 1894

4. Place of Birth, (Street and Number) N. Wolfe St. No 117

5. Full Name of Mother, Susanna Müller

6. Mother's Maiden Name, Susanna Hauser

7. Mother's Birthplace, Balt^re City

8. Full Name of Father, Louis Müller

9. Father's Occupation, Clerk

10. Father's Birthplace, Balt^re City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

...rth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or ...should no other person be in attendance upon the mother, immediately thereafter, it shall then become the ...duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and ...within the period above required, except in the cases of the births and deaths of illegitimate children, and ...any person or persons ... shall hereafter fail to comply with the provisions of ... section shall be subject ...to a fine of ten dollars ... each offence, to be recovered as other fines and pen... are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

709 30

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 5 th child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 16 of April 1884 |
| 4. *Place of Birth, (Street and Number)* | No 2 Angle Alley |
| 5. *Full Name of Mother,* | Maggie Langhurst |
| 6. *Mother's Maiden Name,* | Maggie Morgand |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Andrew Langhurst |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Lauer |
| *Address,* | No 173 Stanford Ave |
| *Remarks,* | Baltimore Md |
| | 1884 |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70931

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April the 16th 1884
4. Place of Birth, (Street and Number) 63 Division St Balto Md
5. Full Name of Mother, Nellie E. Woodward.
6. Mother's Maiden Name, Nellie E. Geesinger
7. Mother's Birthplace, Newark Newjersey
8. Full Name of Father, Thomas E. Woodward,
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 N Poppleton St

Remarks,

., CITY PRINTERS AND STATIONERS.

70932

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 30 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 16th 1884 |
| 4. *Place of Birth, (Street and Number)* | 71 O'Donnell St |
| 5. *Full Name of Mother,* | Mrs Catharine O'Gorman |
| 6. *Mother's Maiden Name,* | Miss Catharine Loftus |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | James O'Gorman |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs R. A. Garrett |
| *Address,* | No 65 Burke St |
| *Remarks,* | |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

(OVER)

709 33

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Anna V.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6 1884
4. Place of Birth, (Street and Number) 6 Williamson St
5. Full Name of Mother, Christina Schuchardt
6. Mother's Maiden Name, " " Binding
7. Mother's Birthplace, Baltimore
8. Full Name of Father, (Henry) ~~Harry~~ Schuchardt
9. Father's Occupation, Cigar Box Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

, CITY PRINTERS AND STATIONERS.

70934

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MAY 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 16
4. Place of Birth, (Street and Number) Cross St 284
5. Full Name of Mother, Katharene Mack
6. Mother's Maiden Name, Altrieth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Mack
9. Father's Occupation, Laber
10. Father's Birthplace, Wurttenberg Germane

Name of Medical Attendant, or other Person who makes this Return Miss Münch

Address, 1 Seatenfall Street

Remarks,

CO., CITY PRINTERS AND STATIONERS.

10935

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY
3
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 16th. 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 32. N. Spring St. |
| 5. *Full Name of Mother,* | Mary Painter |
| 6. *Mother's Maiden Name,* | Mary Tetzemann |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Edw. F. Painter |
| 9. *Father's Occupation,* | Gunder & Polisher |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | M. A. Burk |
| *Address,* | 185 S.E. cor. Central av. & Monument St. |
| *Remarks,* | All Well |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars to be recovered as other fines and penalties recoverable.

CITY PRINTERS AND STATIONERS.

70936

# RETURN OF A BIRTH

GIVEN NAME ADDED 10-29-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Boniarski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Femal
2. Race or Color, (if not of the white race) Germany Whit
3. Date of Birth, 17th of April 1884.
4. Place of Birth, (Street and Number) 317 Alisi-Anna Street.
5. Full Name of Mother, Mari ~~Schmitt~~ Böniarski
6. Mother's Maiden Name, Mari Schmitt
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Böniarski.
9. Father's Occupation, Workmann
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Ida Hill (Midwife)

Address, 73 Lancaster Street.

Remarks, Well

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of the [illegible]tion shall be subject to a fine of ten dollars [illegible]ch offence, to be recovered as other fines and penalti[illegible] recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70937

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5ter Kind

1. Sex, (state whether male or female) Weiß

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, Geboren den 17ten April

4. Place of Birth, (Street and Number) No 198 Eastern Ave

5. Full Name of Mother, Elisabetha Pilepp

6. Mother's Maiden Name, Elisabetha Speer

7. Mother's Birthplace, Maryland

8. Full Name of Father, Cornelius Pilepp

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 N Fulton Ave

Remarks, Hebamme

, CITY PRINTERS AND STATIONERS.

70938

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. Sex (~~state whether male or~~ female)
2. Race or Color (~~if not~~ of the white race)
3. Date of Birth 4.17.84
4. Place of Birth (Street and Number) N. ~~Bott~~ Gilmor St
5. Full Name of Mother Margt. O. Wright -
6. Mother's Maiden Name Scobell
7. Mother's Birthplace Buffalo N.Y.
8. Full Name of Father Frank Wright
9. Father's Occupation Merchant
10. Father's Birthplace Vermont = Lewis M. Eastman

Name of Medical Attendant, or other Person who makes this Return. 349 Lerch St

Address

Remarks Natural —

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

70939

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR
19
1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th 1884.
4. Place of Birth, (Street and Number) No 40 See st.
5. Full Name of Mother, Jennie Slayer
6. Mother's Maiden Name, Jennie Tolley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Slayer
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Byrd st.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, he should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 70940

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR 19 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* _____

1. *Sex (state whether male or female)* 7 male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 17 1884
4. *Place of Birth, (Street and Number)* 64 medaria alley
5. *Full Name of Mother* Sarah J Sunderland
6. *Mother's Maiden Name* Sarah J Aspey
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Beverly Margn Sunderland
9. *Father's Occupation* Ship joiner
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Mary Conner 153

*Address* Collington avenue

*Remarks* _____

name of the mother of such child or children.

70941

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. APR 21 1934 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th of April
4. Place of Birth, (Street and Number) Johnson St. 70
5. Full Name of Mother, Martha Conway
6. Mother's Maiden Name, Martha Usher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Conway
9. Father's Occupation, Caulker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Celestine Conway

Address, Battery Ave.

Remarks, .....

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

79412

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 M Child
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)*
4. *Date of Birth,* April 17 th 1884
5. *Place of Birth, (Street and Number)* No. 1 Johnson st
6. *Full Name of Mother,* Magdalena Rapp
7. *Mother's Maiden Name,* Krab
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Joseph Rapp
10. *Father's Occupation,* Germany
11. *Father's Birthplace,* Glasblaser

*Name of Medical Attendant,* or other Person who makes this Return J. Schwaner midwife

*Address,* 330 Hanover st.

*Remarks,*

birth of any child shall occur without the attendance of a physician, or a [illegible] should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70943

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd "

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17/84
4. *Place of Birth, (Street and Number)* 131 Leadenhall St
5. *Full Name of Mother,* Virginia Frank
6. *Mother's Maiden Name,* " , Hops
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philip L. Frank
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* New Jersey

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.C. per L.B.

*Address,* 146 Hanover

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70944

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apl. 17/84
4. *Place of Birth, (Street and Number)* 212 Clifton Place
5. *Full Name of Mother,* Sophie Sindall
6. *Mother's Maiden Name,* " O. Brien
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joshua F. Sindall.
9. *Father's Occupation,* Tinner & Roofer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Thomas Opie M.D.

*Address,* 179 N. Howard St

*Remarks,*

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above re[illegible]d, except in the cases of the births and deaths of i[illegible]timate children, and any person or persons wh[illegible] hereafter fail to comply with the provisions of this [illegible]on shall be subject to a fine of ten dollars fo[illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

..., CITY PRINTERS AND STATIONERS.

70945

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th April /84
4. *Place of Birth, (Street and Number)* 102 N. Carey St.
5. *Full Name of Mother,* Virginia ~~John C.~~ Legg
6. *Mother's Maiden Name,* Virginia Cunningham
7. *Mother's Birthplace,* Frederick Co Md
8. *Full Name of Father,* John C. Legg
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Frederick City Md

*Name of Medical Attendant,* or other Person who makes this Return Thomas Opie MD

*Address,* 179 N Howard St

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above re[illegible]ed, except in the cases of the births and deaths of [illegible]imate children, and any person or persons wh[illegible] hereafter fail to comply with the provisions of thi[illegible]on shall be subject to a fine of ten dollars fo[illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 70946

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 10th 1894
4. *Place of Birth, (Street and Number)* 42 St Peter
5. *Full Name of Mother,* Catharine F. Schmidt
6. *Mother's Maiden Name,* Catharine H. Siemers
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Henry August Schmidt
9. *Father's Occupation,* Coarser
10. *Father's Birthplace,* Baltimore City Md

*Name of Medical Attendant,* or other Person who makes this Return J. K. Riley M.D.

*Address,* 195 East Fayette St

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

70947

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 birth

1. Sex, (state whether male or female) femal
2. Race or Color, (if not of the white race) whit
3. Date of Birth, 17 April
4. Place of Birth, (Street and Number) Easten = Ave. No 295
5. Full Name of Mother, Lizzi Olfes
6. Mother's Maiden Name, " Flaris
7. Mother's Birthplace, Baltimor
8. Full Name of Father, August Olfes
9. Father's Occupation,
10. Father's Birthplace, Bremen. Preussen-Germ.

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs. Maurer

Remarks, Lombardstr. No 278

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above r[illegible]ed, except in the cases of the births and deaths of [illegible]timate children, and any person or persons wh[illegible]ll hereafter fail to comply with the provisions of thi[illegible]ion shall be subject to a fine of ten dollars fo[illegible]h offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible]NS, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

79918

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14th of April
4. Place of Birth, (Street and Number) Baltimore. 28 Leadenhall St.
5. Full Name of Mother, Melia Chandler
6. Mother's Maiden Name, Melia Stockhausen
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Christopher Chandler
9. Father's Occupation, Gilder
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

...CITY PRINTERS AND STATIONERS.

70949

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | April 17th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 21 N. High St |
| 5. *Full Name of Mother,* | Anna Henry |
| 6. *Mother's Maiden Name,* | " Keller |
| 7. *Mother's Birthplace,* | City |
| 8. *Full Name of Father,* | John Edward Henry |
| 9. *Father's Occupation,* | Eating Saloon |
| 10. *Father's Birthplace,* | City |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Elizabeth Daly |
| *Address,* | 120 Bank St. |
| *Remarks,* | |

certificate, between the first and third day of each month, by a physician, or of a practitioner of midwifery, or birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

O., CITY PRINTERS AND STATIONERS.

70950

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 2 1884 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 17 1884
4. Place of Birth (Street and Number) No 23 Vine St.
5. Full Name of Mother Rachel Toney
6. Mother's Maiden Name Rachel Robinson
7. Mother's Birthplace Va
8. Full Name of Father Charles Toney
9. Father's Occupation Waiter
10. Father's Birthplace Md.

Name of Medical Attendant, or other Person who makes this Return. John C. Harris M.D.

Address 360 Lexington St.

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH, 70951

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 17 - 84
4. *Place of Birth, (Street and Number)* No. 4 Clarke St
5. *Full Name of Mother* Bettie W. Harris
6. *Mother's Maiden Name* Powell
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* George E. Harris
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Louis W. Knight M.D.

*Address* 112 N. Greene St

*Remarks*

Condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7092

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17th. 1884
4. *Place of Birth, (Street and Number)* 145 N. Spring St.
5. *Full Name of Mother,* Mary Stolzenbach
6. *Mother's Maiden Name,* Mary Steinmagle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Oskar Stolzenbach
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return M. A. Batt

*Address,* 185 S. E. cor Central av. & Monument St.

*Remarks,* All Well

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7095 3

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17 1884
4. *Place of Birth, (Street and Number)* 130 n Exeter st
5. *Full Name of Mother,* Hester Lynch
6. *Mother's Maiden Name,* Hester Booth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Robert Lee Lynch
9. *Father's Occupation,* Father
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. E C Baldwin M D

*Address,* 124 n Exeter st

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

. PIET, PRINTER & STATIONER, BALT.

70954

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR 18 1894
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | Color |
| 3. *Date of Birth,* | 18 of march |
| 4. *Place of Birth, (Street and Number)* | 98 Harvard St |
| 5. *Full Name of Mother,* | Elisebeth pledge |
| 6. *Mother's Maiden Name,* | Whitepord |
| 7. *Mother's Birthplace,* | Richmond Va |
| 8. *Full Name of Father,* | J W° pledge |
| 9. *Father's Occupation,* | Single |
| 10. *Father's Birthplace,* | Richmond |
| *Name of Medical Attendant,* or other Person who makes this Return | A Wilson |
| *Address,* | Harvard St 368 |
| *Remarks,* | |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70955

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Femail
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 18. 1884
4. Place of Birth, (Street and Number) 192 Henrietta St Bet Howard & Eutaw St
5. Full Name of Mother, Martha M. Jackson
6. Mother's Maiden Name, Martha M Young
7. Mother's Birthplace, Tappahannock Essex Court Va
8. Full Name of Father, Welford Melvin Jackson
9. Father's Occupation, Barber No 1 Saint Paul St
10. Father's Birthplace, Fredericksburg Va 53 in November 17

Name of Medical Attendant, or other Person who makes this Return Sada Dire

Address, 95 Conway St

Remarks, H Ross

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70956

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 22 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18. 84
4. Place of Birth, (Street and Number) Baltimore Gough st no 48
5. Full Name of Mother, M. E. Montgomery
6. Mother's Maiden Name, M. McKle.
7. Mother's Birthplace, Newyork city
8. Full Name of Father, James. L. Montgomery
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simmons

Address, No 70. Granby street.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

70957

HEALTH DEPARTMENT APR 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 18th 1884
4. *Place of Birth (Street and Number)* 363 Hamburg St.
5. *Full Name of Mother* Sarah Leutner
6. *Mother's Maiden Name* Sarah Getz
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Frederick Leutner
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto. City

*Name of Medical Attendant, or other Person who makes this Return.* F. B. Gardner

*Address* 120 N. Greene St.

*Remarks*

# RETURN OF A BIRTH 7098

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4 |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | colord |
| 3. Date of Birth, | April 18th 1884 |
| 4. Place of Birth, (Street and Number) | 64 Elbow lane |
| 5. Full Name of Mother, | Georgina Queen |
| 6. Mother's Maiden Name, | Georgina pierce |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Zack Queen |
| 9. Father's Occupation, | oysters shucker |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return | Mary ann dorsey |
| Address, | 64 Elbow lane |
| Remarks, | five dollars |

LANY & CO., CITY PRINTERS AND STATIONERS

70259

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 22 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second · Child |
| 1. *Sex, (state whether male or female)* | Little · Boy |
| 2. *Race or Color, (if not of the white race)* | White · Race |
| 3. *Date of Birth,* | 18th April 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Mc · Kenry st 433 |
| 5. *Full Name of Mother,* | Kate · Lynder |
| 6. *Mother's Maiden Name,* | Mrs. Kate · Lightenbeger |
| 7. *Mother's Birthplace,* | Born in Baltimore |
| 8. *Full Name of Father,* | Mr. Lightenbeger |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Born in Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Killer |
| *Address,* | 1017 · west Pratt st city |
| *Remarks,* | |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 70960

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d.

1. *Sex (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White Race.
3. *Date of Birth* April 19th.
4. *Place of Birth, (Street and Number)* 634 S. Eight St.
5. *Full Name of Mother* Louisa Stark.
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Prussia Europe.
8. *Full Name of Father* Geo. Adam Stark.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Prussia Europe.

*Name of Medical Attendant,* or other Person who makes this Return. Annie Gaus.

*Address* 634 Eight St.

*Remarks*

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18th 1884
4. Place of Birth, (Street and Number) No. 234 E Lombard St
5. Full Name of Mother, Mrs Katie Edwards
6. Mother's Maiden Name, Gouldsborough
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John. Edwards.
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mr Goetzke

Address, No 66 S. Bond St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70962

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 18
4. *Place of Birth (Street and Number)* No 180 Fort ave
5. *Full Name of Mother* Mary Elizabeth Lynch
6. *Mother's Maiden Name* Riniman
7. *Mother's Birthplace* Hamstead Carrol County
8. *Full Name of Father* Stephen Nieniah Rose Lynch
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Falls Road Baltimore Co

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Jewell

*Address* 68 Fort Ave

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7963

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 ~~Boy~~ |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Apl 18/84 |
| 4. *Place of Birth, (Street and Number)* | ~~736~~ W. Lombard St |
| 5. *Full Name of Mother,* | Sarah E. Lepson |
| 6. *Mother's Maiden Name,* | Wallace |
| 7. *Mother's Birthplace,* | Balt |
| 8. *Full Name of Father,* | Franklin P. Lepson |
| 9. *Father's Occupation,* | Mechanic |
| 10. *Father's Birthplace,* | Balt |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Opie M.D. |
| *Address,* | 179 N. Howard St |
| *Remarks,* | |

APR 22 1884 BALTIMORE

CITY PRINTERS AND STATIONERS.

70964

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 30 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18 April 1884
4. *Place of Birth, (Street and Number)* No 71 E. Lombartst Baltimore
5. *Full Name of Mother,* Amalie Langheim
6. *Mother's Maiden Name,* Amalie Kleithe
7. *Mother's Birthplace,* Orgenburg bei Minsterburg Germany
8. *Full Name of Father,* August Langheim
9. *Father's Occupation,* Cabinettmaker
10. *Father's Birthplace,* Stattin Polen

*Name of Medical Attendant,* or other Person who makes this Return Mis Anna Streikart

*Address,* 57 E Lombartst

*Remarks,* no Remarks.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties recoverable.

CITY PRINTERS AND STATIONERS.

7096

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 18 April |
| 4. *Place of Birth, (Street and Number)* | 8 Eden |
| 5. *Full Name of Mother,* | Anna Dantrich |
| 6. *Mother's Maiden Name,* | Fonderfair |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Dantrich |
| 9. *Father's Occupation,* | Tavern |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 72. E. Lombard |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

7966

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY
1
1884
BALTIMORE.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3. Twins |
| 1. *Sex, (state whether male or female)* | Females |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 18 April |
| 4. *Place of Birth, (Street and Number)* | 179 E. Lombard |
| 5. *Full Name of Mother,* | Lena Metro |
| 6. *Mother's Maiden Name,* | Seibert |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Metro |
| 9. *Father's Occupation,* | Box-maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 72. E. Lombard |
| *Remarks,* | |

. CITY PRINTERS AND STATIONERS.

7096

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 birth

1. Sex, (state whether male or female) mal

2. Race or Color, (if not of the white race) whit

3. Date of Birth, 18 April

4. Place of Birth, (Street and Number) Alice-Ann Sts.

5. Full Name of Mother, Susana Schneblein

6. Mother's Maiden Name, " " Schorn

7. Mother's Birthplace, Burg - Rendsen - Germ.

8. Full Name of Father, Petter Schneblein

9. Father's Occupation,

10. Father's Birthplace, Bellford - Ellsas - Germ.

Name of Medical Attendant, or other Person who makes this Return Mrs. Maurer

Address,

Remarks, Lombard Sts. No 278

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7096 8

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~White~~ Mulatto
3. Date of Birth, April 18: 84
4. Place of Birth, (Street and Number) 14 Rice st
5. Full Name of Mother, Lucy E. Stevens
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A. Stevens
9. Father's Occupation, Steward
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return P. C. Williams M.D.

Address, 201 Madison Ave

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7969

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 18th 1884

4. Place of Birth, (Street and Number) Chester St north of Keyser

5. Full Name of Mother, Mary Frances Finlen

6. Mother's Maiden Name, Berwick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Finlen

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return S. H. Feldmeier M.D.

Address, S.E. Cor. Eager & Caroline Sts

Remarks,

should no other person be in attendance upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70970

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 19 1924 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2? |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | April 19 '24 |
| 4. *Place of Birth, (Street and Number)* | 142 Edmonson Ave. |
| 5. *Full Name of Mother,* | Adlaide Bealmear Keany |
| 6. *Mother's Maiden Name,* | — |
| 7. *Mother's Birthplace,* | Queen Anne's Co. |
| 8. *Full Name of Father,* | Sam'l Bealmear |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Anne Arundel Co. |
| *Name of Medical Attendant,* or other Person who makes this Return | A. M. Wilson |
| *Address,* | 257 Mad. Ave. |
| *Remarks,* | Instrumental assistance |

...TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

70971

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 4 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 19 of April 1884 |
| 4. *Place of Birth, (Street and Number)* | No 126 Sheiling St |
| 5. *Full Name of Mother,* | Catherine McNamee |
| 6. *Mother's Maiden Name,* | Catherine Mahoney |
| 7. *Mother's Birthplace,* | Baltimore Co Maryland |
| 8. *Full Name of Father,* | James McNamee |
| 9. *Father's Occupation,* | Maryland Metal Worker |
| 10. *Father's Birthplace,* | Philadelphia |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Lauer |
| *Address,* | 173 Harford Ave |
| *Remarks,* | Baltimore Md |
| | 1884 |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

709 72

HEALTH DEPARTMENT APR 20 1884 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether ~~male~~ or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19 1884

4. Place of Birth, (Street and Number) #161 N. Lombard st

5. Full Name of Mother, Annie Copeland

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Don't Know

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return N. G. Chapman

Address, #161 N Lombard st

Remarks,

Of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7097 3

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr - 19 - 84
4. Place of Birth, (Street and Number) # 161 W. Lombard st -
5. Full Name of Mother, F. V. Burns
6. Mother's Maiden Name, Don't know
7. Mother's Birthplace, Maryland
8. Full Name of Father, Don't know
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D.

Address, 161 W Lombard st.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dol[lars] for each offence, to be recovered as other fines and pe[nalties] are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7097 4

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

APR 23 1884 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 19" 1884 |
| *4. Place of Birth (Street and Number)* | 49 Byrd. |
| *5. Full Name of Mother* | Adelaide Unger |
| *6. Mother's Maiden Name* | " Bickman |
| *7. Mother's Birthplace* | Germany |
| *8. Full Name of Father* | Clemens Unger |
| *9. Father's Occupation* | Driver |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | O. A. Cooke M.D. |
| *Address* | 110 Fort ave |
| *Remarks* | |

# RETURN OF A BIRTH 70975

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 29 1884 BALTIMORE.

*No. of Child of Mother.* (*state whether 1st, 2d, 3d, &c.*) 4

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* April 19
4. *Place of Birth,* (*Street and Number*) Lockrod no-3
5. *Full Name of Mother,* mary Richards
6. *Mother's Maiden Name,* ~~Daniel~~ mary Baley
7. *Mother's Birthplace,* Batimore
8. *Full Name of Father,* William richards
9. *Father's Occupation,* day laber
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Sinney Dunton

*Remarks,* 122 - north dales ts

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

7097

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 of April
4. Place of Birth, (Street and Number) № 1 Pleasent Alley
5. Full Name of Mother, Albertine Daidas
6. Mother's Maiden Name, = Schülke
7. Mother's Birthplace, Hohensier Russia (Germ)
8. Full Name of Father, Otto Daidas
9. Father's Occupation, Labeln
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs G. Behnken.

Address, 54 Essex St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70977

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1884 BALTIMORE

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19 1884

4. Place of Birth, (Street and Number) Baltimore 20 Woodward Street

5. Full Name of Mother. Kate Hartman

6. Mother's Maiden Name. Kate Rider

7. Mother's Birthplace, Phuldelphia Pa

8. Full Name of Father. George F. Hartman

9. Father's Occupation, Glass Packer

10. Father's Birthplace, Millville N J

Name of Medical Attendant, or other Person who makes this Return Mrs Cross 128 South Pratt St

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

70978

*To the Office of Registrar of Vital Statistics, Board of Health,*
***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 24 1884 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* 17th April
4. *Place of Birth (Street and Number)* 50 Walker Street
5. *Full Name of Mother* Susan Cornish
6. *Mother's Maiden Name* Susan Summerville
7. *Mother's Birthplace* St Marys County
8. *Full Name of Father* Thomas Cornish
9. *Father's Occupation* Grain measure
10. *Father's Birthplace* Lancaster County

*Name of Medical Attendant,* or other Person who makes this Return. Catharine Riley

*Address* 44 Walker strat

*Remarks*

# RETURN OF A BIRTH

70979

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT APR 25 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 19th April |
| 4. *Place of Birth, (Street and Number)* | 803 Fort Avenue |
| 5. *Full Name of Mother,* | Evangeline Thomson |
| 6. *Mother's Maiden Name,* | Evangeline Benton |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father.* | William Thomson |
| 9. *Father's Occupation,* | Baltimore |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Conaway |
| *Address,* | 131 Battery Avenue |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70980

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 19th

4. Place of Birth, (Street and Number) No 111 S. Bethel St

5. Full Name of Mother, Mrs Mary Schmidt,

6. Mother's Maiden Name, Bentley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Schmidt

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Goetzke

Address, No 653 S. Bond St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

70981

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 25 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) white female

2. Race or Color, (if not of the white race) white

3. Date of Birth, April 19th 1884

4. Place of Birth, (Street and Number) No 32 Hull street

5. Full Name of Mother, Ellen Foley

6. Mother's Maiden Name, Ellen Kelly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Francis Foley

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Ettel

Address, No 13 Cuba street

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

70983

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | April 19th 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 49 Burd st. |
| 5. *Full Name of Mother,* | Erlein Bimmer |
| 6. *Mother's Maiden Name,* | Brikman |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Clemence Bimmer |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwaaser midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

APR 25 1884 BALTIMORE

CITY PRINTERS AND STATIONERS.

70983

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apl 19th 1884
4. *Place of Birth, (Street and Number)* No 11 Nicholoson St
5. *Full Name of Mother,* Lizzie ~~Coyne~~ Kennedy
6. *Mother's Maiden Name,* Lizzie Coyne
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Kennedy
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Mrs Ettel No 13 Cuba St

*Address,*

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70984

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | No 1 |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | April 19/84 |
| 4. Place of Birth (Street and Number) | 269 Aisquith St |
| 5. Full Name of Mother | Anna Reese |
| 6. Mother's Maiden Name | |
| 7. Mother's Birthplace | City of Baltimore |
| 8. Full Name of Father | Frank Ch Reese |
| 9. Father's Occupation | Cutter |
| 10. Father's Birthplace | City of Baltimore |
| Name of Medical Attendant, or other Person who makes this Return. | |
| Address | Dr A Arnold 276 W Fayette St |
| Remarks | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7985

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 26 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th " |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 17/84 |
| 4. *Place of Birth, (Street and Number)* | 312 Hanover St |
| 5. *Full Name of Mother,* | Susan V. Hughes |
| 6. *Mother's Maiden Name,* | " " Hughes |
| 7. *Mother's Birthplace,* | Harford Co Md " |
| 8. *Full Name of Father,* | Geo F Hughes |
| 9. *Father's Occupation,* | Boiler Maker |
| 10. *Father's Birthplace,* | England |
| *Name of Medical Attendant,* or other Person who makes this Return | Theodore Cooke M.D. Jan 28 |
| *Address,* | |
| *Remarks,* | |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

70986

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 29 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, April 19, 1884
4. Place of Birth, (Street and Number) 97 Lee Street
5. Full Name of Mother, Harret Winters
6. Mother's Maiden Name, Harret Williams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Winters
9. Father's Occupation, Porter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Millie Gross.

Address, No. 12 Plum Alley

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

70987

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19th 1864
4. *Place of Birth, (Street and Number)* Baltimore pacca st 1925
5. *Full Name of Mother,* Mary E. Dawes
6. *Mother's Maiden Name,* Mary E Jordan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Dawes
9. *Father's Occupation,* Sewing Machine Agt
10. *Father's Birthplace,* New York

*Name of Medical Attendant,* or other Person who makes this Return Mr Seabach

*Address,* 439 west Pratt st.

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]uired, except in the cases of the births and deaths of [illegible]egitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible]ro recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

70988

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 19th 1884

4. *Place of Birth, (Street and Number)* N. 28 Mulberry 1"

5. *Full Name of Mother,* Lizzie G. Kirkland

6. *Mother's Maiden Name,* Lizzie Green

7. *Mother's Birthplace,* Concord Delaware

8. *Full Name of Father,* Ogden A. Kirkland

9. *Father's Occupation,* Auctioneer & Commission Merchant

10. *Father's Birthplace,* Huntingdon Pa.

*Name of Medical Attendant, or other Person who makes this Return.* Dr. F. E. Chatard

*Address,* N. 114 Park Ave.

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH, 70989

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 19 - 84
4. *Place of Birth, (Street and Number)* 92 George St.
5. *Full Name of Mother* Mary Minnie Conrad
6. *Mother's Maiden Name* Ficht
7. *Mother's Birthplace* Baltimore, Md
8. *Full Name of Father* Wm Henry Conrad
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Louis W. Knight M.D.

*Address* 112 N. Greene St.

*Remarks*

name of the mother of such child or children.

70990

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.

1. *Sex, (state whether male or female)* Female ~~Feb. 19th 1884~~ April

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 19th. 1884

4. *Place of Birth, (Street and Number)* No. 184 Madison St

5. *Full Name of Mother,* Annie Perry.

6. *Mother's Maiden Name,* Annie Phillips

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charlie Perry.

9. *Father's Occupation,* Stone Cutter

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return M. A. Butt.

*Address,* 185 S.E. cor Centrel ave. & Monument St.

*Remarks,* All Well

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dolla[illegible] each offence, to be recovered as other fines and pen[illegible] are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

4991

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 19th. 1884

4. *Place of Birth, (Street and Number)* No. 33 Millement St.

5. *Full Name of Mother,* Maggie Pastry

6. *Mother's Maiden Name,* " Germann

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jacob Pastry

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Pensilvainia

*Name of Medical Attendant,* or other Person who makes this Return M. A. Batt.

*Address,* No 185 S. E. cor Central av. & Monument St.

*Remarks,* All Well

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 70992

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20th 1884
4. *Place of Birth, (Street and Number)* Fort Ave 2nd door S of Charles ter
5. *Full Name of Mother,* Sarah Weber
6. *Mother's Maiden Name,* Sarah Cathers
7. *Mother's Birthplace,* Balt city md
8. *Full Name of Father,* John George Weber
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return E. Hinton

*Address,* 79 Randall St

*Remarks,*

...TY PRINTERS AND STATIONERS

70993

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 20 of April 1884
4. Place of Birth, (Street and Number) No 139 Harford Ave
5. Full Name of Mother, Eunice Baltimore Boyne
6. Mother's Maiden Name, Eunice Sewer
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Boynes
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Ch. Sauer

Address, 173 Harford Ave

Remarks, Baltimore Md 1884

...rth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

7099 H

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male ~~Female~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 April
4. Place of Birth, (Street and Number) 19 Fortau Baltimore md
5. Full Name of Mother, Jessie Alice Moffitt
6. Mother's Maiden Name, L A Webb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C Moffitt
9. Father's Occupation, Stevedore
10. Father's Birthplace, Chester Penn

Name of Medical Attendant, or other Person who makes this Return Mrs Connoway

Address,

Remarks, Ideal

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

70995

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 22 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Apr. 20 - 84
4. *Place of Birth, (Street and Number)* 161 W. Lombard
5. *Full Name of Mother,* Annie Trebble
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Don't know
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

*Name of Medical Attendant,* or other Person who makes this Return W. C. Chapman M.D.

*Address,* #161 W Lombard st

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

70996

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 of April 1884
4. Place of Birth, (Street and Number) 494 Lexington St Baltimore Md
5. Full Name of Mother, Emma R. Hill
6. Mother's Maiden Name, Emma R. Bosgralt
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Louis Hill
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Susan Slunter

Address, 21 N. Poppleton St

Remarks,

... CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7099

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 20th 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore, Hanover street No 348 |
| 5. *Full Name of Mother,* | Katie Barnes |
| 6. *Mother's Maiden Name,* | " Reagan |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Frank Barnes |
| 9. *Father's Occupation,* | Ship Carpenter |
| 10. *Father's Birthplace,* | Washington |
| *Name of Medical Attendant, or other Person who makes this Return* | Mrs Elizabeth Scarborough |
| *Address,* | No 220. Montgomery st Baltimore |
| *Remarks,* | |

Of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

7998

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 20th/84
4. *Place of Birth (Street and Number)* 328 Madison Ave.
5. *Full Name of Mother* Jennie Spear Armstrong
6. *Mother's Maiden Name* Jennie Spear
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James T. Armstrong
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Maryland

*Name of Medical Attendant, or other Person who makes this Return.* Jno. Glenn M.D.

*Address* 270 N. Charles St.

*Remarks*

When six days intervene, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERT. NAME ISSUED. 1-21-51

# RETURN OF A BIRTH

#10999

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Mary V Baum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th of April 1894

4. Place of Birth, (Street and Number) 140 East Biddle near Aisquith

5. Full Name of Mother, Martha A Baum

6. Mother's Maiden Name, Martha A Collins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Gerhard Baum

9. Father's Occupation, Laboring

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wilen

Address, No 12 Patterson Park ave

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

71000

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 20th 1884
4. Place of Birth (Street and Number) No 317 E. Eager St.
5. Full Name of Mother Bertha M. Eckert
6. Mother's Maiden Name Bertha M. Myers
7. Mother's Birthplace Harrisburg Pa
8. Full Name of Father Vincent C. S. Eckert
9. Father's Occupation Insurance Agent
10. Father's Birthplace Hanover York County Pa

Name of Medical Attendant, or other Person who makes this Return. J. H. Botton M.D.

Address 239 N. Caroline St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

71001

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20/84
4. *Place of Birth, (Street and Number)* 197 Lee St
5. *Full Name of Mother,* Sophia H Fitzberger
6. *Mother's Maiden Name,* " " Robinson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos F Fitzberger
9. *Father's Occupation,* Iron Worker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cook M D per L B

*Address,* 146 Hanover St.

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]nch offence, to be recovered as other fines and penal[illegible]re recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7002 Sue

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 29 1884 BALTIMORE

Name: Mabel Estelle Stearns

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 20th 1884 |
| 4. *Place of Birth, (Street and Number)* | 365 Light St |
| 5. *Full Name of Mother,* | Amanda Stearns |
| 6. *Mother's Maiden Name,* | Amanda Hubbard |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Warren Stearns |
| 9. *Father's Occupation,* | Coal Dealer |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return | H B Noble Md |
| *Address,* | 50 Warren av |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7100 (3

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 30 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20/84
4. Place of Birth, (Street and Number) 120 S. Stricker St
5. Full Name of Mother, Mary E Bost
6. Mother's Maiden Name, " " Willis
7. Mother's Birthplace, Near Easton Talbot Co Md
8. Full Name of Father, Jno. Bost
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return H. L. Spicer MD

Address, 387 W. Lombard St

Remarks,

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 birth |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white — 20 April |
| 3. *Date of Birth,* | Eastern ave No 318 |
| 4. *Place of Birth, (Street and Number)* | Barbara Vogel |
| 5. *Full Name of Mother,* | " Wilmer |
| 6. *Mother's Maiden Name,* | Baltimore |
| 7. *Mother's Birthplace,* | Georg Vogel |
| 8. *Full Name of Father,* | |
| 9. *Father's Occupation,* | Baltimore |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Mauser |
| *Address,* | |
| *Remarks,* | Lombard st No 218 |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[redacted], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11005

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 birth |
| 1. *Sex, (state whether male or female)* | mal |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth,* | 20 April |
| 4. *Place of Birth, (Street and Number)* | Kastelstr. № 28 |
| 5. *Full Name of Mother,* | Luise Schaub |
| 6. *Mother's Maiden Name,* | " " Holzer |
| 7. *Mother's Birthplace,* | Winterfeld - Preussen - Germ. |
| 8. *Full Name of Father,* | Ludwig Schaubs Schuhmacher |
| 9. *Father's Occupation,* | Edingen - Preussen - Germ. |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other Person who makes this Return | Miss Bauser |
| *Address,* | |
| *Remarks,* | Lombardstr. 228 |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

71006

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE MAY 1884

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 20th April 1884
4. *Place of Birth, (Street and Number)* 41 East str
5. *Full Name of Mother,* Mary Mosher
6. *Mother's Maiden Name,* Duval
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Mosher
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Norfolk Va

*Name of Medical Attendant,* or other Person who makes this Return Mrs Rulbig

*Address,* 48 Hollands str

*Remarks,* Balto Md

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and pena[illegible]re recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

71007

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20th 1884
4. *Place of Birth, (Street and Number)* 16 Jordan aley
5. *Full Name of Mother,* Barbra Klipel
6. *Mother's Maiden Name,* Barbra Krab
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustave Klipel
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. C. Mesenschit

*Address,* 345 Penna Ave

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NO., CITY PRINTERS AND STATIONERS.

7008

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex (state whether male or female)* | female |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | April 20 / 84 |
| 4. *Place of Birth (Street and Number)* | 125 S. Paca st |
| 5. *Full Name of Mother* | Josephine Leonard |
| 6. *Mother's Maiden Name* | Aldridge |
| 7. *Mother's Birthplace* | Balto Md |
| 8. *Full Name of Father* | John Leonard |
| 9. *Father's Occupation* | Commission Merchant |
| 10. *Father's Birthplace* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | C. A. Lewis |
| *Address* | 162 Hanover st |
| *Remarks* | |

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

71009

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 20th 1884 |
| 4. *Place of Birth, (Street and Number)* | 428 Orleans St |
| 5. *Full Name of Mother,* | Margaret |
| 6. *Mother's Maiden Name,* | Kirby |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Robert Halfpenny |
| 9. *Father's Occupation,* | Can-Maker |
| 10. *Father's Birthplace.* | America |
| *Name of Medical Attendant,* or other Person who makes this Return | E Williams MD |
| *Address,* | 5 B Elliott St |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71010

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE

[redacted]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col'd

3. Date of Birth, April 20th 1884

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks.

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

7101

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 6 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 20th 94
4. Place of Birth, (Street and Number) 330 Saratoga St.
5. Full Name of Mother, Roala Smith
6. Mother's Maiden Name, Roala Gore
7. Mother's Birthplace, Massachusetts
8. Full Name of Father, John L Smith
9. Father's Occupation, Carriage Trimmer
10. Father's Birthplace, Rhode Island.

Name of Medical Attendant, or other Person who makes this Return J. H. Miller, MD

Address, 188 Franklin St

Remarks,

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November the 12
4. *Place of Birth, (Street and Number)* 79 west end
5. *Full Name of Mother,* Henrieth Shiemann
6. *Mother's Maiden Name,* Shouls
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* John "
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Auguste Bosion (Bosien)

*Remarks,* Hanover Ave 239

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and pena[illegible]re recoverable.

., CITY PRINTERS AND STATIONERS.

7601 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR
21
1884
BALTIMORE.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | the 6 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Dec. 17 |
| 4. *Place of Birth, (Street and Number)* | Carkeys st 213 |
| 5. *Full Name of Mother,* | Elis. Harms |
| 6. *Mother's Maiden Name,* | " Lessing |
| 7. *Mother's Birthplace,* | Europe |
| 8. *Full Name of Father,* | " Harms |
| 9. *Father's Occupation,* | Shipper |
| 10. *Father's Birthplace,* | " |
| *Name of Medical Attendant,* or other Person who makes this Return | Auguste Bosien |
| *Address,* | Hanover Nr 239 |
| *Remarks,* | |

.. CITY PRINTERS AND STATIONERS.

71014

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec: th 29.
4. Place of Birth, (Street and Number) 257 Hanover st.
5. Full Name of Mother, Lena Behrens.
6. Mother's Maiden Name, Lena Fanhauba
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Behrens
9. Father's Occupation, Bar
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Auguste Bosien

Remarks, Hanover Str. 239

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penal[illegible]re recoverable.

.. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
22
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 2d Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 21 of April 1884 |
| 4. *Place of Birth, (Street and Number)* | No 7 Constitution Street |
| 5. *Full Name of Mother,* | Mary Tyler |
| 6. *Mother's Maiden Name,* | Mary Lee |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Samuel Tyler |
| 9. *Father's Occupation,* | Baggageman on R.R. |
| 10. *Father's Birthplace,* | Frederick City Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ch. Sauer |
| *Address,* | No 173 Stanford Ave |
| *Remarks,* | Baltimore Md 1884 |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

APR 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr- 21st 1884
4. Place of Birth, (Street and Number) #161 N- Lombard
5. Full Name of Mother, Gusty McKnut
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W. G. Chapman M.D.

Address, #761 N. Lombard st

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7017

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT APR 22 1884 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 21/84 |
| *4. Place of Birth (Street and Number)* | 355 S. Charles St. |
| *5. Full Name of Mother* | Louisa |
| *6. Mother's Maiden Name* | Groh |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Peter Bunn |
| *9. Father's Occupation* | Grape Blower |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Jno. H. Smith M.D. |
| *Address* | 181 S. Charles St. |
| *Remarks* | Nat. Leab. |

71018

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 23 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colar 3
3. Date of Birth, ~~Folk Roe no 2~~ 21
4. Place of Birth, (Street and Number) Folk Roe 2
5. Full Name of Mother, Frances Stekney
6. Mother's Maiden Name, Frances Stekney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Stekney
9. Father's Occupation, Lad Carer
10. Father's Birthplace, Richmond

Name of Medical Attendant, or other Person who makes this Return

Address, Anney Dunton no 122 Chase St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

71019

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 21 1884
4. *Place of Birth, (Street and Number)* 35 Burgundy alley
5. *Full Name of Mother,* Mary Augustus
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* West River Anna Rundel Co Md
8. *Full Name of Father,* Moses Augustus
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Balt City

*Name of Medical Attendant,* or other Person who makes this Return Deborah Thomas

*Address,* 71 Burgundy alley

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

71020

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto April 2[illegible]

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balto April 21st 1884.
4. *Place of Birth, (Street and Number)* Highlandtown.
5. *Full Name of Mother,* Caroline Rose
6. *[illegible]'s Maiden Name,* Caroline Keller
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* George Rose
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Mary Amend.

*Address,* 137 South Wolf St.

*Remarks,* —

[illegible] of a physician, or of a practitioner of midwifery, or [illegible] other, immediately thereafter, it shall then become the [illegible] it its birth to the Board of Health, in the manner, and [illegible] of the births and deaths of illegitimate children, and [illegible] mply with the provisions of the section shall be subject [illegible] ered as other fines and penalties recoverable.

birth of any child shall occur without the a[illegible] should no other person be in attendance upo[illegible] duty of the parent or parents of such child [illegible] within the period above required, except in t[illegible] any person or persons who shall hereafter fa[illegible] to a fine of ten dollars [illegible] each offence, to b[illegible]

[illegible], CITY PRINTERS AND STATIONERS.

71021

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 & |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 21. 1884 |
| 4. *Place of Birth, (Street and Number)* | 54 Hurst alley |
| 5. *Full Name of Mother,* | Martha Taylor |
| 6. *Mother's Maiden Name,* | Martha Fredricks |
| 7. *Mother's Birthplace,* | North Carolina |
| 8. *Full Name of Father,* | Clayton Taylor |
| 9. *Father's Occupation,* | Brickmaker |
| 10. *Father's Birthplace,* | New Jersey |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

...ce, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...S., CITY PRINTERS AND STATIONERS.

71022

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 26 1884 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or childre

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 21st 1884 |
| *4. Place of Birth (Street and Number)* | 76 Johnson St |
| *5. Full Name of Mother* | Laura Sellman |
| *6. Mother's Maiden Name* | Laura Day |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Wm Sellman |
| *9. Father's Occupation* | Brakeman B & O Railroad |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | W. L. Phillips |
| *Address* | 311 W Lombard St |
| *Remarks* | |

71023

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 2nd April |
| 4. *Place of Birth, (Street and Number)* | 264 Gough St |
| 5. *Full Name of Mother,* | Elizabeth Grass Mick |
| 6. *Mother's Maiden Name,* | Elizabeth Huff |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Lewis Grass Mick |
| 9. *Father's Occupation,* | House Carpenter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. E. Fear |
| *Address,* | No. 193 Chester St |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

NO., CITY PRINTERS AND STATIONERS.

71024

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st April
4. Place of Birth, (Street and Number) 203 North Caulton St.
5. Full Name of Mother, Emma Deacon
6. Mother's Maiden Name, Emma Guyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Deacon
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E. Guyer

Address, No 193 Chester St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7102S

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 29 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 21, 1884
4. *Place of Birth, (Street and Number)* No 20 Biddle Alley
5. *Full Name of Mother,* Carrie Dysley
6. *Mother's Maiden Name,* Carrie Scelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Dysleys
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Charlotte Goldsborough

*Address,* 19 Moores Alley

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

. PIET, PRINTER & STATIONER, BALT.

71026

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 30 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10th Birth Living |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth.* | April 21st 1884 |
| 4. *Place of Birth, (Street and Number)* | 113 Canton St |
| 5. *Full Name of Mother.* | Mary Zimmerman |
| 6. *Mother's Maiden Name.* | Mary Wilkinson |
| 7. *Mother's Birthplace.* | Ireland |
| 8. *Full Name of Father.* | Edward Zimmerman |
| 9. *Father's Occupation.* | Waterman |
| 10. *Father's Birthplace.* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs R. A. Garrett |
| *Address.* | No 65 Burke St |
| *Remarks.* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, himself/herself thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7602 7

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 April
4. Place of Birth, (Street and Number) 84 Baltimore
5. Full Name of Mother, Katie Höhning
6. Mother's Maiden Name, Sharp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Höhning
9. Father's Occupation, Book-binder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7628

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Jewish |
| 3. *Date of Birth,* | april 21 1884 |
| 4. *Place of Birth, (Street and Number)* | 25 Plowcand st |
| 5. *Full Name of Mother,* | Isabel Davis |
| 6. *Mother's Maiden Name,* | " Jaworsky |
| 7. *Mother's Birthplace,* | Polan Germany |
| 8. *Full Name of Father,* | Lewis Davis |
| 9. *Father's Occupation,* | Pedler |
| 10. *Father's Birthplace,* | Polan Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs R Ulbig |
| *Address,* | 48 Holland st |
| *Remarks,* | |

Balto Md.

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 5-27-49

71029

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Mary Bowen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 21st 1884
4. Place of Birth, (Street and Number) 1285 S Bond St
5. Full Name of Mother, Louisa (Mrs.) Bowen
6. Mother's Maiden Name, Haubel
7. Mother's Birthplace, City
8. Full Name of Father, John (Mr.) Bowen
9. Father's Occupation, Tailor
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Miss Elizabeth Bell

Address, 120 Bank St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the birth to the Board of Health in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

AND, CITY PRINTERS AND STATIONERS.

71030

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21st 1884
4. *Place of Birth, (Street and Number)* 110 Townsend St
5. *Full Name of Mother,* Bettie Schrodt
6. *Mother's Maiden Name,* Bettie Flurety
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Schrodt
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. [illegible]

*Address,* 245 Penn Ave

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]ritimate children, and any person or persons w[illegible]all hereafter fail to comply with the provisions of th[illegible]tion shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penalti[illegible]e recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

71031

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21st 1884
4. *Place of Birth, (Street and Number)* 265 Franklin St.
5. *Full Name of Mother,* Mary Elizabeth Glantz
6. *Mother's Maiden Name,* Yost.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alexander Glantz
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return S. W. Seldner M.D.

*Address,* S. E. Cor. Eager & Caroline Sts

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

71082

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
22
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex, (state whether male or female) Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr- 22- '84
4. Place of Birth, (Street and Number) #161 N. Lombard st-
5. Full Name of Mother, Annie Connell
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W. G. Chapman M.D.

Address, 161 N- Lombard st-

Remarks, Twins

certificate between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71033

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 23 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5te Kind

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth. Geboren den 22te April

4. Place of Birth, (Street and Number) No 201 Wolf Str

5. Full Name of Mother, Bertha Ostendorf

6. Mother's Maiden Name, Bertha Vogt.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Willam Ostendorf

9. Father's Occupation, Handarbeiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Baumann

Address. No 202 S Dallas Str

Remarks, Helfrau

place of its birth, and the said schedule shall be delivered, duly filled by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above mentioned, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

7108 4

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6ter Kind

1. Sex, (state whether male or female) Knabe.

2. Race or Color, (if not of the white race) Weiss R.

3. Date of Birth, Geboren 22. ten April

4. Place of Birth, (Street and Number) No 282. S. Dallas Str

5. Full Name of Mother, Therese Schuppe

6. Mother's Maiden Name, Therese Pittner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Pitt Schuppe

9. Father's Occupation, Hausarbeiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

HEALTH DEPARTMENT REGISTER. APR 23 1884 BALTIMORE.

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person [illegible] of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

71035

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6ter Kind.

1. Sex, (state whether male or female) Bub.
2. Race or Color, (if not of the white race) Weiz
3. Date of Birth, Geboren den 22. April
4. Place of Birth, (Street and Number) No 84 Dallas Str.
5. Full Name of Mother, Sophfi Westphal
6. Mother's Maiden Name, Sophfi Seis
7. Mother's Birthplace, Deutschland
8. Full Name of Father, Georg Westphal
9. Father's Occupation, Bierbauer
10. Father's Birthplace, Deutschland.

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202. S. Dallas Str.

Remarks, Hebamme

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible] hereafter fail to comply with the provisions of this section shall be subject any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

11036

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 tes. Kind

1. Sex, (state whether male or female) Knabchen

2. Race or Color, (if not of the white race) [illegible]

3. Date of Birth, Geboren den 22. ten April

4. Place of Birth, (Street and Number) N. 192. Register Str.

5. Full Name of Mother, Barbara Hammelton

6. Mother's Maiden Name, Barbara Bietel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hammelton

9. Father's Occupation, Handschuhmacher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friedrich Kaufmann

Address, N. 202. S. Dallas Str.

Remarks, Welcome.

...

...

...

# RETURN OF A BIRTH

7403

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 25 1934 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, April 22 1884
4. Place of Birth, (Street and Number) 140 Hominy lane
5. Full Name of Mother, Not maried
6. Mother's Maiden Name, frank Howl
7. Mother's Birthplace, Harford co md
8. Full Name of Father, John Bowely
9. Father's Occupation, fruit Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary J Richardson

Address, No 212 Dover st Baltimore

Remarks, mother and child well Doing

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7108

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1884 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | April 22d 84 |
| 4. *Place of Birth (Street and Number)* | 392 East Eager St |
| 5. *Full Name of Mother* | Mary Dodge Wittner |
| 6. *Mother's Maiden Name* | Mary Dodge Lyon |
| 7. *Mother's Birthplace* | New York |
| 8. *Full Name of Father* | Jacob H. Wittner |
| 9. *Father's Occupation* | Accountant, |
| 10. *Father's Birthplace* | Baltimore, |
| *Name of Medical Attendant, or other Person who makes this Return.* | Irving Miller M.D. |
| *Address* | 1017 E. Monument St |
| *Remarks* | |

71039

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22 Sd. April |
| 4. *Place of Birth, (Street and Number)* | 18. Boyer St |
| 5. *Full Name of Mother,* | Annie Brian |
| 6. *Mother's Maiden Name,* | Annie Medica |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Henry Brian |
| 9. *Father's Occupation,* | Hostler |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs E Fray |
| *Address,* | No 193 Chester St |
| *Remarks,* | |

[illegible] between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22nd of April 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore 76 Carrollton Ave |
| 5. *Full Name of Mother,* | Margretha Barbara Kaiser |
| 6. *Mother's Maiden Name,* | Nicklas |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Ambrose Kaiser |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Catonsville Baltimore county |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Hunter |
| *Address,* | 21 N. Eppleton St |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...., CITY PRINTERS AND STATIONERS.

71041

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 April
4. *Place of Birth, (Street and Number)* wagon Al No 61
5. *Full Name of Mother,* Catharin Newton
6. *Mother's Maiden Name,* " Brgman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Henry Newton
9. *Father's Occupation,* butcher
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return M. A Ledley

*Address.*

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71042

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 22 April
4. *Place of Birth, (Street and Number)* Belair Avenue
5. *Full Name of Mother,* Emma Klag
6. *Mother's Maiden Name,* Emma Eyster
7. *Mother's Birthplace,* Birnbaum Posen Prussia
8. *Full Name of Father,* Ludwig Klag
9. *Father's Occupation,* Bier Brewer
10. *Father's Birthplace,* Kirchheim Bairn

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

. PIET, PRINTER & STATIONER, BALT.

71043

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd. 1884
4. Place of Birth, (Street and Number) 143 E Lombard
5. Full Name of Mother, Mary Whitehill
6. Mother's Maiden Name, Mary Myers
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Albert Whitehill
9. Father's Occupation, Shoe Store
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return James E Downelle M D

Address, 299 E Balto. St.

Remarks,

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

71044

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 4 6

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr 22. 84
4. *Place of Birth, (Street and Number)* E. Monument No 473
5. *Full Name of Mother,* Mary Necker
6. *Mother's Maiden Name,* Dresdel
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Martin Necker
9. *Father's Occupation,* Blacksmied
10. *Father's Birthplace,* Baden

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Baubach

*Address,* S. Wolfstr No 4

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]uired, except in the cases of the births and deaths o[illegible]egitimate children, and any person or persons [illegible]hall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penalt[illegible]re recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

71045

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
7
1894
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or childr

*No. of Child of Mother* (~~state whether 1st, 2d,~~ 3d, ~~&c.~~)

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* ~~(if not of the white race)~~
3. *Date of Birth* 22 april 1874
4. *Place of Birth* (Street and Number) N.W. Cor. gough + Castle Sts.
5. *Full Name of Mother* Annie Waldren
6. *Mother's Maiden Name* Annie Schminke.
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John Waldren
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Md.

*Name of Medical Attendant,* or other Person who makes this Return. B. F. Leonard M.D.

*Address* 314 E. Balto St.

*Remarks*

# RETURN OF A BIRTH.

71046

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
APR 23 1884
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 23rd 1884 |
| *4. Place of Birth (Street and Number)* | 605 S. Charles st |
| *5. Full Name of Mother* | Mary Burns |
| *6. Mother's Maiden Name* | Mary Lelotte |
| *7. Mother's Birthplace* | Michigan |
| *8. Full Name of Father* | James J Burns |
| *9. Father's Occupation* | Policeman |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | O. A. Cooke, M.D. |
| *Address* | 110 Fort ave |
| *Remarks* | |

# RETURN OF A BIRTH

71047

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 24 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 23rd 84
4. Place of Birth, (Street and Number) #161 N Lombard st
5. Full Name of Mother, Libby Thomas
6. Mother's Maiden Name, " S "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman

Address, #161 N Lombard st.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

7104

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
APR
24
1934
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored Race

3. *Date of Birth,* April 23 1934

4. *Place of Birth, (Street and Number)* 207 Mulberry St

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Hester Carr

7. *Mother's Birthplace,* Eastern Shore

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return Lucindia Worford

*Address,* 130 N Register St

*Remarks,*

certificate between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the case of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

7049

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 24 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr. 23 - 84
4. Place of Birth, (Street and Number) #161 N. Lombard st
5. Full Name of Mother, Lena B. Myers
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Un known
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return N. C. Chapman

Address, 161 N Lombard st

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above mentioned, except in the case of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 71050

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* April 23/84
4. *Place of Birth, (Street and Number)* 418 E. Chase St.
5. *Full Name of Mother* Mary A. Wilson
6. *Mother's Maiden Name* " Kelly
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Chas. H. Wilson
9. *Father's Occupation* Baggage agent W. M. R. D.
10. *Father's Birthplace* Balto.

*Name of Medical Attendant,* or other Person who makes this Return. Edward R. McDevitt

*Address* 34 Aisquith St

*Remarks* Live 2 hours after delivery

71051

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Just Child

1. *Sex, (state whether male or female)* Female Child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 23, April, 1884
4. *Place of Birth, (Street and Number)* No 7 Rice St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Julia Harris
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* William Rowles
9. *Father's Occupation,* Rag Dyer
10. *Father's Birthplace,* Prince G. Co. Md

*Name of Medical Attendant,* or other Person who makes this Return Mary C Jones

*Address,* No 17 Wabco at City

*Remarks,*

place of its birth, also the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

71052

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAR 26 1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April the 23, 1884.
4. Place of Birth, (Street and Number) S. Eden St. No. 177
5. Full Name of Mother, Johanna Donges
6. Mother's Maiden Name, Johanna Schumm
7. Mother's Birthplace, Steinberg Gr. Hessen, Germany
8. Full Name of Father, Georg Donges
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Wallau Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

Place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7105

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 26 1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24th 1884
4. Place of Birth, (Street and Number) N. Central Av. No 28
5. Full Name of Mother, Susanna Rohleder
6. Mother's Maiden Name, Susanna Lotz
7. Mother's Birthplace, Balto City
8. Full Name of Father, Theodor Rohleder
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N. Dallas St. No 26

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required. Except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

71054

# RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 26 1884 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 23d 84
4. Place of Birth (Street and Number) 34 Jenkins Alley
5. Full Name of Mother Ella Henson
6. Mother's Maiden Name Ella Green
7. Mother's Birthplace Queen Ann Co Md
8. Full Name of Father Morgan Henson
9. Father's Occupation Laborer
10. Father's Birthplace Chas Co Md

Name of Medical Attendant, or other Person who makes this Return. Edmund K Walker MD

Address 183 Linden Ave

Remarks 7 mos & very small died in two days

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the n[illegible]n name of the mother of such child or children

71055

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of April 1884
4. *Place of Birth, (Street and Number)* No 211 Whilliam St
5. *Full Name of Mother,* Magge Stricker
6. *Mother's Maiden Name,* Magge Kenner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anton Stricker
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Hanover

*Name of Medical Attendant,* or other Person who makes this Return Sabina Grishaber

*Address,* No 128 West St

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period abo[illegible]quired, except in the cases of the births and deaths [illegible]illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions [illegible] section shall be subject to a fine of ten dolla[illegible] each offence, to be recovered as other fines and pen[illegible]s are recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 71056

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* April 23th 1884
4. *Place of Birth, (Street and Number)* No 265 fort avenue
5. *Full Name of Mother* Susanna Raynor
6. *Mother's Maiden Name* Susanna Harvy
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John Raynor
9. *Father's Occupation* Laferer
10. *Father's Birthplace* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs ~~[illegible]~~ Sarah Cornal mid wife

*Address* No 317 fort avenue

*Remarks* mother and child doewing well

[illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

71057

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23rd
4. *Place of Birth, (Street and Number)* No. 126 Granby St
5. *Full Name of Mother,* Catherine Münch
6. *Mother's Maiden Name,* " " Chaim
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Münch
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophie Siemons

*Address,* No. 70 Granby St

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

71058

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | M. |
| 2. *Race or Color, (if not of the white race)* | W. |
| 3. *Date of Birth,* | 23 Apl 1884. |
| 4. *Place of Birth, (Street and Number)* | 267 Fawn St. |
| 5. *Full Name of Mother,* | Helen Mason, |
| 6. *Mother's Maiden Name,* | Jackson. |
| 7. *Mother's Birthplace,* | Washington, D C. |
| 8. *Full Name of Father,* | John T. Mason, Jr. |
| 9. *Father's Occupation,* | Lawyer, |
| 10. *Father's Birthplace,* | Michigan. |
| *Name of Medical Attendant,* or other Person who makes this Return | J. L. Ryle M.D. |
| *Address,* | 247 Fawn |
| *Remarks,* | Premature Delivery (8 mos.) due to Uraemic Convulsions — Weight of child 4 1/2 lbs. |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7109

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto April 26th 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto April 23rd 1884.
4. Place of Birth, (Street and Number) 121 Chester St
5. Full Name of Mother, Annie Schaefer
6. Mother's Maiden Name, Annie Phillips
7. Mother's Birthplace, Prussia.
8. Full Name of Father, Charles Schaefer
9. Father's Occupation, Weaver.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Arnold

Address, 157 South Wolfe St

Remarks,

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7060

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
APR 29 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 13

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 28 1884
4. *Place of Birth, (Street and Number)* 244 register st
5. *Full Name of Mother,* Maryann Keller
6. *Mother's Maiden Name,* Maryann Tracy
7. *Mother's Birthplace,* Baltimore county
8. *Full Name of Father,* Charles Keller
9. *Father's Occupation,* Trader
10. *Father's Birthplace,* Ellicott city

*Name of Medical Attendant,* or other Person who makes this Return. Mary O'Connor

*Address,* 153 Collington Avenue

*Remarks,*

shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Co., City Printers and Stationers.

71061

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Wednesday April 23rd 5 P.M.
4. Place of Birth, (Street and Number) No. 526 Hanover St
5. Full Name of Mother, Lena Christina Meeth
6. Mother's Maiden Name, Lena C. Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Henry Meeth
9. Father's Occupation, Shoe Cutter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Miss Winch

Address, 1 Leadenhall Street

Remarks,

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of [illegible] mate children, and any person or persons who [illegible] hereafter fail to comply with the provisions of this [illegible] on shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71062

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 2 1884 BALTIMORE

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) Fourteenth

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* April 23d 1884
4. *Place of Birth,* (Street and Number) N. 244 ½ N. Howard St
5. *Full Name of Mother,* Josephine Mary Mutt
6. *Mother's Maiden Name,* Josephine Mary Katzenberger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Joseph Mutt
9. *Father's Occupation,* Druggist
10. *Father's Birthplace,* Alzenau Bavaria

*Name of Medical Attendant,* or other Person who makes this Return. F. E. Chatard M.D.

*Address,* N. 114 Park Ave.

*Remarks,*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...R DIET, PRINTER & STATIONER, BALT.

7106 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 8 6

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Apr. 23, 84.
4. Place of Birth, (Street and Number) S. Schoppelstr No 89
5. Full Name of Mother, Maria Blum
6. Mother's Maiden Name, Benst
7. Mother's Birthplace, Balt.
8. Full Name of Father, Joseph Blum
9. Father's Occupation, Ingenuer
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs Joh. Raubach

Address, S. Wolfstr No 14

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of [illegible]timate children, and any person or persons wh[illegible] hereafter fail to comply with the provisions of this [illegible]tion shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

710 64

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr. 23. 84.
4. *Place of Birth, (Street and Number)* Fauntry str. 15
5. *Full Name of Mother,* Helena Leubacher
6. *Mother's Maiden Name,* Lichner
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Kasper Leubacher
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Sachsen

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Raubach

*Address,* S. S. Wolf str. No. 14

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above [illegible]red, except in the cases of the births and deaths of [illegible]timate children, and any person or persons w[illegible]all hereafter fail to comply with the provisions of th[illegible]tion shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71065

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. April 23 1884

HEALTH DEPARTMENT MAY 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Miss Josh Pher mitchel 2

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) colored.
3. Date of Birth, April 23 1884
4. Place of Birth, (Street and Number) 1040 Peach alley Balto m.d
5. Full Name of Mother, Miss Josh Pher mitel
6. Mother's Maiden Name,
7. Mother's Birthplace, tolbert county m.d —
8. Full Name of Father, Lewis Brind
9. Father's Occupation, Brick yard
10. Father's Birthplace, Baltimore m d

Name of Medical Attendant, or other Person who makes this Return Mrs Ennie Johnson

Address, 103 Plum alley

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 71066

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

*of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20 1884
4. *Place of Birth, (Street and Number)* 95 Argyle av
5. *Full Name of Mother,* Mary Frazier
6. *Mother's Maiden Name,* Mary Keef
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Francis Frazier
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore City Md

*Name of Medical Attendant,* or other Person who makes this Return J. K. Riley MD

*Address,* 195 east Lombard St

*Remarks,*

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7/067

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24
4. Place of Birth, (Street and Number) No 31 Clarkson st.
5. Full Name of Mother, Lizzie Boos
6. Mother's Maiden Name, Lizzie Hockstrouse
7. Mother's Birthplace, Balt city md
8. Full Name of Father, Paul Emile Hockstrouse
9. Father's Occupation, Glass workes
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address, No 79 Randell street

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
25
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 to

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Amerika White
3. Date of Birth, 24th April 1884
4. Place of Birth, (Street and Number) Canton Reene 408.
5. Full Name of Mother, Anna Alt
6. Mother's Maiden Name, Anna Rachedel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johann Alt
9. Father's Occupation, Herkmann.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. Hill. Midwife

Address, 73. Lancaster. Stret

Remarks, Well.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who fail hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars which offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-5-49

71069

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

1st Twin: Annie Eames Fobes
2nd Twin: Mabel Valentine Fobes

**BALTIMORE CITY.**

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Confinement.

1. *Sex (state whether male or female)* Twins - both female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 24th 1884.
4. *Place of Birth (Street and Number)* 27 Jackson Square.
5. *Full Name of Mother* Fanny A. FOBES
6. *Mother's Maiden Name* " " MORET
7. *Mother's Birthplace* Portland, Maine.
8. *Full Name of Father* Samuel J. Fobes
9. *Father's Occupation* Owner of Marine Dredges
10. *Father's Birthplace* Boston, Mass.

*Name of Medical Attendant, or other Person who makes this Return.* D. W. Cathell M.D.

*Address* 7 W Broadway

*Remarks*

# RETURN OF A BIRTH

710 70

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 24/84
4. *Place of Birth, (Street and Number)* 172 Lee St
5. *Full Name of Mother,* Elizabeth Shannenman
6. *Mother's Maiden Name,* " Alexander
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Shannenman
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St for L.B.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

HEALTH DEPARTMENT 1884 BALTIMORE

71071

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April the 24. 1884
4. *Place of Birth, (Street and Number)* S. Eden St. No. 178
5. *Full Name of Mother,* Katharine Holland
6. *Mother's Maiden Name,* Katharine Hammel
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* Richard Holland
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Dublin, K. Gr. Britt. Europa

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St. No. 26

*Remarks,*

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

71072

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of April 1884
4. *Place of Birth, (Street and Number)* No 105 Baby Av
5. *Full Name of Mother,* Barby Wainhoff
6. *Mother's Maiden Name,* Barbara Bochlin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Wainhoff
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sabina Gushaber

*Address,* No. 128 West St

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollar[illegible] each offence, to be recovered as other fines and pen[illegible] are recoverable.

, CITY PRINTERS AND STATIONERS.

7107 13

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1884 BALTIMORE.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [redacted] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [redacted] each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 of April 1884
4. Place of Birth, (Street and Number) No 135 Bailey (Alley)
5. Full Name of Mother, Ursula Black
6. Mother's Maiden Name, Ursula Daly
7. Mother's Birthplace, Delaware
8. Full Name of Father, Francis Black
9. Father's Occupation, Baker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Selina Graham

Address, No 135 First St

Remarks,

[redacted] CITY PRINTERS AND STATIONERS.

7474

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4, child

1. Sex, (state whether male or female) female child

2. Race or Color, (if not of the white race) colored

3. Date of Birth, april 24 1884

4. Place of Birth, (Street and Number) No 2 walnut st

5. Full Name of Mother, Josephine Jaskins

6. Mother's Maiden Name, don't know

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, walter W Jaskins

9. Father's Occupation, truck driver

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return Mary E Jones

Address, No 17 Watson st

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

9107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Bpreal 24th 1894

4. Place of Birth, (Street and Number) Abys st No 23

5. Full Name of Mother, Catherine celient

6. Mother's Maiden Name, Catherine hartman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Antino celient

9. Father's Occupation, Labourer

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 10 Abys st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

71076

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Lillian E. Rappold

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th of April 1884
4. *Place of Birth, (Street and Number)* No 8 North Mount St
5. *Full Name of Mother,* Carrie G. Rappold
6. *Mother's Maiden Name,* " " Haywood
7. *Mother's Birthplace,* Hardford County
8. *Full Name of Father,* John Rappold
9. *Father's Occupation,* With T. M. Dukehart Driver
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 N. Pippelton St

*Remarks,* GIVEN NAME ADDED. 2-11-52

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

O., CITY PRINTERS AND STATIONERS.

7107

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY
1934
BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 24 April |
| 4. *Place of Birth, (Street and Number)* | 66 E. Lombard |
| 5. *Full Name of Mother,* | Blance Glaton |
| 6. *Mother's Maiden Name,* | Olstmeyer |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Glaton |
| 9. *Father's Occupation,* | Fore-mann |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 72. E. Lombard |
| *Remarks,* | |

.. CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

7078

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 24 |
| 4. *Place of Birth, (Street and Number)* | Baltimore City Boyd 126 |
| 5. *Full Name of Mother,* | Birtha Bower |
| 6. *Mother's Maiden Name,* | Birtha Kleinsmith |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Fredrick Kleinsmith |
| 9. *Father's Occupation,* | Blacksmith |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Seibah |
| *Address,* | 439 west Pratt st. |
| *Remarks,* | |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...S, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 no 79

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, April 24th 1884
4. Place of Birth, (Street and Number) 290 N. Gilmore Street,
5. Full Name of Mother, Victoria Rice,
6. Mother's Maiden Name, Victoria Skinner
7. Mother's Birthplace, Ontario, (Canada)
8. Full Name of Father, Myron L. Rice,
9. Father's Occupation, Driver,
10. Father's Birthplace, Vermont,

Name of Medical Attendant, or other Person who makes this Return Harvey L. Byrd M.D.

Address, 127 N. Arlington Av Baltimore, Md.

Remarks, Instrumental delivery. Vertex presentation, Mother & infant doing well,

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

71080

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 24th 1884

4. Place of Birth, (Street and Number) 170 Bank st

5. Full Name of Mother, Kunigunda Rudel

6. Mother's Maiden Name, " Gebhart

7. Mother's Birthplace, Germany

8. Full Name of Father, Peter Rudel

9. Father's Occupation, Saloon

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank st

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

71081

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH OFFICE MAY 2 1934 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9 Hade children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color child
3. *Date of Birth,* 98 Raybuke street
4. *Place of Birth, (Street and Number)* 24 of April
5. *Full Name of Mother,* Sark Skinner
6. *Mother's Maiden Name,* Sark Thomson
7. *Mother's Birthplace,* Carlin Contry
8. *Full Name of Father,* Jho Skinner
9. *Father's Occupation,* ~~Sco~~ Shousmaker
10. *Father's Birthplace,* Carlin Contry

*Name of Medical Attendant,* or other Person who makes this Return Mincy Gross

*Address,* 12 Plumal

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of [illegible]imate children, and any person or persons who [illegible] hereafter fail to comply with the provisions of this [illegible]ion shall be subject to a fine of ten dollars for [illegible]ch offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

71082

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)*

1. *Sex, (state whether ~~male or female~~)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr. 24. 84
4. *Place of Birth, (Street and Number)* S. Registerstr No 42
5. *Full Name of Mother,* Katharine Kreid
6. *Mother's Maiden Name,* Rauh
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Joh. Kreid
9. *Father's Occupation,* Kupper
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Raubach

*Address,* S. Wolfstr No 14

*Remarks,*

[illegible] the birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of [illegible]timate children, and any person or persons who shall hereafter fail to comply with the provisions of this [illegible]tion shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71083

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

[illegible]. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 24th 1884
4. *Place of Birth, (Street and Number)* Hamburg St near Hanover St
5. *Full Name of Mother,* Jennie Palmer
6. *Mother's Maiden Name,* Jennie Harrington
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* George Palmer
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other Person who makes this Return J. R. Wiley Mtr

*Address,* 195 W. Lombard St

*Remarks,*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

7 10 84

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

Leonard Noel Linsley

*No. of Child of Mother* (~~*state whether*~~ *1st,* ~~*2d, 3d,*~~ *&c.*)

1. *Sex* (~~*state whether*~~ *Male* ~~*or Female*~~)
2. *Race or Color* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth* 24 april 1884
4. *Place of Birth* (*Street and Number*) 314 E. Balt. st. Balt.
5. *Full Name of Mother* Ellen E. Linsley.
6. *Mother's Maiden Name* Ellen E. Leonard.
7. *Mother's Birthplace* Md.
8. *Full Name of Father* Sherwood M. Linsley
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Connecticut.

*Name of Medical Attendant,* or other Person who makes this Return. B. F. Leonard M.D.

*Address* GIVEN NAME ADDED. 6-23-53 314 E. Balt. st.

*Remarks* L. M.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the n[illegible] name of the mother of such child or children

# RETURN OF A BIRTH 71085

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | April 25 1884 |
| 4. Place of Birth, (Street and Number) | Carollton Ave. |
| 5. Full Name of Mother, | Lizzie Louise Murphy |
| 6. Mother's Maiden Name, | |
| 7. Mother's Birthplace, | Harford Co. |
| 8. Full Name of Father, | Wm C. Louse |
| 9. Father's Occupation, | Merchant |
| Father's Birthplace, | Harford Co. |
| Name of Medical Attendant, or other Person who makes this Return | Dr. M. Wilson |
| Address, | 257 Mad Ave |
| Remarks, | |

HEALTH DEPARTMENT APR 25 1884 BALTIMORE.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

71086

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 25 1884 BALTIMORE

*No. of Child of Mother,* ~~(state whether 1st, 2d~~, 3d, ~~&c.)~~

1. *Sex,* ~~(state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the~~ white ~~race~~)
3. *Date of Birth,* April 25th/884. 6-20 A.M.
4. *Place of Birth, (Street and Number)* 88 Fairmount Ave
5. *Full Name of Mother,* Annie E. Maasch
6. *Mother's Maiden Name,* " " Walters
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward R. Maasch
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. A Trego Sherkey M.D.

*Address,* 88 E. Baltimore St

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

B. PIET, PRINTER & STATIONER, BALT.

71087

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 of April 1884
4. *Place of Birth, (Street and Number)* No 351 Scharls St
5. *Full Name of Mother,* Cate Wold
6. *Mother's Maiden Name,* Cate Miller
7. *Mother's Birthplace,* Byirn
8. *Full Name of Father,* Luis Wold
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Byirn

*Name of Medical Attendant,* or other Person who makes this Return Sabina Grestaber

*Address,* No 128 West St

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NO., CITY PRINTERS AND STATIONERS.

# RETURN OF A

## To the Office of Registrar of Vital Statistics, Board of H

HEALTH DEPT. APR 26 1884 BALTIMORE

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, April 25th 184.
4. Place of Birth, (Street and Number) 253. N. Gilmor St.
5. Full Name of Mother, Mary R. Hubbard.
6. Mother's Maiden Name, Mary R. Parks.
7. Mother's Birthplace, Kent Co. Md.
8. Full Name of Father, Matthew C. Hubbard.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Caroline Co. Md.

Name of Medical Attendant, or other Person who makes this Return John I. R. Kroyer M.D.

Address, 273. Lexington St.

Remarks,

...ns., CITY PRINTERS AND STATIONERS.

71090

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth April 25.
4. Place of Birth (Street and Number) 293 N Stricker str
5. Full Name of Mother Margaretha
6. Mother's Maiden Name Miller
7. Mother's Birthplace Balto
8. Full Name of Father Henry Siemers
9. Father's Occupation Bationer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Ottomanet

Address 137 W Fayette st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

71091

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 6 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 25 of April 1884 |
| 4. *Place of Birth, (Street and Number)* | No 27 Sommerset St |
| 5. *Full Name of Mother,* | Anna Mary Weber |
| 6. *Mother's Maiden Name,* | Anna Mary Reinhardt |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Henry Weber |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ch. Sauer |
| *Address,* | No 173 Harford |
| *Remarks,* | Baltimore Md 1884 |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of [illegible]timate children, and any person or persons who shall hereafter fail to comply with the provisions of the [illegible]tion shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11092

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR. 28 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 th of April 1884.
4. Place of Birth, (Street and Number) 73 North Chapel street
5. Full Name of Mother, Louisa Weisel.
6. Mother's Maiden Name, Louisa Friedah.
7. Mother's Birthplace, Baltimore
8. Full Name of Father. John Friedach.
9. Father's Occupation, Laborman.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 71 North Chapel street per Justina Kunkel.

Remarks, Healthy.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

7109 C

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR. 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | ~~Female~~ White |
| 3. *Date of Birth,* | April 25th 84 |
| 4. *Place of Birth, (Street and Number)* | #336 Stark St. |
| 5. *Full Name of Mother,* | Lizzie Seebo |
| 6. *Mother's Maiden Name,* | Agar |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Henry Seebo |
| 9. *Father's Occupation,* | Cigar maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Kroh |
| *Address,* | #329 S. Eutaw St. |
| *Remarks,* | Twins? |

, CITY PRINTERS AND STATIONERS.

71094

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 30 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth.* | April 25th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 55 Luzerne St |
| 5. *Full Name of Mother.* | Laura Fleischman |
| 6. *Mother's Maiden Name.* | Laura Bradford |
| 7. *Mother's Birthplace.* | Baltimore |
| 8. *Full Name of Father.* | John Fleischman |
| 9. *Father's Occupation.* | Laborer |
| 10. *Father's Birthplace.* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs R. A Garrett |
| *Address.* | No 65 Burke St. |
| *Remarks.* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above re[illegible]ed, except in the cases of the births and deaths of [illegible]timate children, and any person or persons wh[illegible] hereafter fail to comply with the provisions of thi[illegible]ion shall be subject to a fine of ten dollars fo[illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7095

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 30 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, april 25 th

4. Place of Birth, (Street and Number) 281 howard st

5. Full Name of Mother, amelia johns

6. Mother's Maiden Name, amelia johns

7. Mother's Birthplace, Baltimore

8. Full Name of Father, samuel johns

9. Father's Occupation, waiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Lydia Porter

Address, no 6 pastsco avenue

Remarks, delicate child

Birth of any child shall occur without the attendance of a physician, or of a practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall fail to comply with the provisions of this section shall be subject hereafter to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7096

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 11 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 birth |
| 1. *Sex, (state whether male or female)* | mal |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth,* | 25 April |
| 4. *Place of Birth, (Street and Number)* | Philadelphia Road |
| 5. *Full Name of Mother,* | Marie Schorn |
| 6. *Mother's Maiden Name,* | " " Kuhn |
| 7. *Mother's Birthplace,* | Baltimor |
| 8. *Full Name of Father,* | Adolf Schorn |
| 9. *Father's Occupation,* | farmer |
| 10. *Father's Birthplace,* | Burg - Preussen - Germ. |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs Bauser |
| *Remarks,* | Lombard St. No 278. |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 71097

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
1924
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 25th 1884
4. *Place of Birth, (Street and Number)* 315 St. Paul Street
5. *Full Name of Mother* Neva Winans
6. *Mother's Maiden Name* Neva Whistler
7. *Mother's Birthplace* St. Petersburg — Russia
8. *Full Name of Father* Ross B. Winans
9. *Father's Occupation* Gentleman
10. *Father's Birthplace* St. Petersburg — Russia

*Name of Medical Attendant, or other Person who makes this Return.* H. H. Wilson Jr "

*Address* 146 Park Avenue

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7698

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall neglect or refuse full to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 25th

4. Place of Birth, (Street and Number) 161 S Greene st

5. Full Name of Mother, Inaggie L Miller

6. Mother's Maiden Name, Inggie L Raum

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry W. Miller

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Münch

Address,

Remarks,

BY CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71099

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25th 1884
4. *Place of Birth, (Street and Number)* No Lombard St
5. *Full Name of Mother* Mollie Kaufman
6. *Mother's Maiden Name,* " Lewitch
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Soborron Kaufman
9. *Father's Occupation,* Peddler
10. *Father's Birthplace.* Russia

*Name of Medical Attendant,* or other Person who makes this Return Mrs Rachel Justman

*Address.* No 6 Broad Alley

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

71100

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25th 1884.
4. *Place of Birth, (Street and Number)* Cor Keyser & Chester Sts.
5. *Full Name of Mother,* Sarah Elizabeth Kennan
6. *Mother's Maiden Name,* Hudson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Preston P. Kennan
9. *Father's Occupation,* Teamster
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return S. W. Seldner M.D.

*Address,* S E Cor. Eager & Caroline Sts.

*Remarks,*

[illegible] birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

7 1101

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE.

| | |
|---|---|
| [illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Ninth (9th) |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 25 Apr. 1884 |
| 4. Place of Birth, (Street and Number) | Fred'k Av. cor. Garrison Lane |
| 5. Full Name of Mother, | Sarah A. Lewis |
| 6. Mother's Maiden Name, | Ware |
| 7. Mother's Birthplace, | Maryland |
| 8. Full Name of Father, | Alfred D. Lewis |
| 9. Father's Occupation, | Fred Dealer |
| 10. Father's Birthplace, | Maryland |
| Name of Medical Attendant, or other Person who makes this Return | John Hood |
| Address, | 594 W. Fayette st. |
| Remarks, | Large, fine bake |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) fr

2. Race or Color, (if not of the white race) W

3. Date of Birth, April 24 1884

4. Place of Birth, (Street and Number) N E Corner Paca & McMechen

5. Full Name of Mother, Clara Kenny

6. Mother's Maiden Name, Doyle

7. Mother's Birthplace, Norfolk, Va

8. Full Name of Father, C D Kenny

9. Father's Occupation, Merchant

10. Father's Birthplace, N York

Name of Medical Attendant, or other Person who makes this Return, Richard McSherry M.D.

Address, 189 N Howard St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

71106

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) male child

2. Race or Color, (if not of the white race) colored

3. Date of Birth, april 1884

4. Place of Birth, (Street and Number) No 8 upton st

5. Full Name of Mother, Rosa Seales

6. Mother's Maiden Name, —

7. Mother's Birthplace, alexander

8. Full Name of Father, stephen woolford

9. Father's Occupation, truck driver

10. Father's Birthplace, Sambiage

Name of Medical Attendant, or other Person who makes this Return Mary C Jones

Address, No 17 Watson st

Remarks,

HEALTH DEPARTMENT APR 26 1884 BALTIMORE

[illegible] CITY PRINTERS AND STATIONERS.

71104

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Apr 26/84
4. *Place of Birth, (Street and Number)* 26 Fountain
5. *Full Name of Mother;* Mary A. Sanford
6. *Mother's Maiden Name,* " " Broderick
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Daniel A. Sanford
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balt. Md.

*Name of Medical Attendant,* or other Person who makes this Return J. L. Mistick

*Address,*

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71105

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 29 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* 26 April
4. *Place of Birth, (Street and Number)* Baltimore, 110 Register st
5. *Full Name of Mother,* Mary Jane Keealy
6. *Mother's Maiden Name,* Mary Jane Green
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Thenry Keealy
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,* Henrietta Glascow

*Name of Medical Attendant,* or other Person who makes this Return. McKeldry street extending

*Address,* Well as can be expected

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

. PIET, PRINTER & STATIONER, BALT.

71106

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 29 1884 BALTIMORE

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rds.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, April 26. 1884.
4. Place of Birth, (Street and Number) Shields alley near Smith St.
5. Full Name of Mother, Mary Finnigan.
6. Mother's Maiden Name, " Sahaus.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Jacob Finnigan
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other Person who makes this Return O. Edw. Janney M. D.

Address, 342 W. Eutaw St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

71107

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of [redacted] section shall be subject to a fine of ten dollars [redacted] such offence, to be recovered as other fines and penal[redacted] re recoverable.

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26 th 1884
4. Place of Birth, (Street and Number) No 280 Fort ave.
5. Full Name of Mother, Augustine Wengert
6. Mother's Maiden Name, Augustine Brost
7. Mother's Birthplace, Germany
8. Full Name of Father, George Wengert
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Catherine Hennings

Address, No 18 Byrd st.

Remarks,

[illegible] CITY PRINTERS AND STATIONERS.

71108

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 20th 1884
4. Place of Birth, (Street and Number) 62 Block st
5. Full Name of Mother, Lizzie Evans
6. Mother's Maiden Name, " Abrams
7. Mother's Birthplace, Balto
8. Full Name of Father, Peter Evans
9. Father's Occupation, Commission merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Miss Elizabeth Baltz

Address, 120 Bank st.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71109

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

CITY DEPT. OF HEALTH
JUL 2 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26th 1884
4. Place of Birth, (Street and Number) 77 Black st
5. Full Name of Mother, Maria Sauer
6. Mother's Maiden Name, " Kreuing
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Sauer
9. Father's Occupation, Junk Dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Lantz

Address, 120 Bank st

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 26th 1884

4. Place of Birth, (Street and Number) No 2 Hamerbacher court.

5. Full Name of Mother,

6. Mother's Maiden Name, Mary Kratz

7. Mother's Birthplace, America

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return J. Lohmasser midwife

Address, 330 Hanover st

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 1111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26th 1884
4. Place of Birth, (Street and Number) 85 Sterling St
5. Full Name of Mother, Rossie Bannet
6. Mother's Maiden Name, " Sicher
7. Mother's Birthplace, Russia
8. Full Name of Father, Levy Bannet
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Rachel Justman

Address, No 6 Broad Alley

Remarks,

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7112

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26th 1884
4. Place of Birth, (Street and Number) No 6 Broad Alley
5. Full Name of Mother, Rachel Susien
6. Mother's Maiden Name, " Budman
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Susien
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Rachel Justman

Address, No 6 Broad Alley.

Remarks,

BY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7111 3

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 6 th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26 th 1884
4. Place of Birth, (Street and Number) No 42 Douglas St
5. Full Name of Mother, Fermin Schuchardt
6. Mother's Maiden Name, " Alchenitzkie
7. Mother's Birthplace, Russia
8. Full Name of Father, David Schuchart
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Rachel Gustman

Address, No 6 Broad Alley

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH 71114

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Apr. 26 1884 |
| 4. *Place of Birth, (Street and Number)* | 355 N. Mount |
| 5. *Full Name of Mother,* | Ella E. Adams |
| 6. *Mother's Maiden Name,* | Armitage |
| 7. *Mother's Birthplace,* | Washington |
| 8. *Full Name of Father,* | George C. Adams |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Wm. Hood |
| *Address,* | 594 W. Fayette |
| *Remarks,* | Small, but well formed babe |

TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7415

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 26/84
4. *Place of Birth, (Street and Number)* 217 Franklin St
5. *Full Name of Mother,* Mary Hildebrand
6. *Mother's Maiden Name,* Mary Martin
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* George W Hildebrand
9. *Father's Occupation,* Furniture Dealer
10. *Father's Birthplace,* Pa.

*Name of Medical Attendant,* or other Person who makes this Return J. G. Keller MD

*Address,* 188 Franklin St

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7116

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 26th |
| *4. Place of Birth (Street and Number)* | 118 Parkin St. |
| *5. Full Name of Mother* | Mary Emma McAvoy |
| *6. Mother's Maiden Name* | White |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Stephen J McAvoy |
| *9. Father's Occupation* | Tinner |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return* | W. W. Webner M.D. |
| *Address* | 298 W. Lombard St. |
| *Remarks* | |

# RETURN OF A BIRTH 7117

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26th April 1884
4. *Place of Birth, (Street and Number)* 192 Hanover
5. *Full Name of Mother,* Kate Soper
6. *Mother's Maiden Name,* Swartz
7. *Mother's Birthplace,* Kent Co Md
8. *Full Name of Father,* Wm T. Soper
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Kent Co Md

*Name of Medical Attendant,* or other Person who makes this Return H W Webster

*Address,* 57 Barrett

*Remarks,*

...ITY PRINTERS AND STATIONERS

...ce, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

71118

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| [illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 9 |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | Colard- |
| 3. Date of Birth, | April. 11 |
| 4. Place of Birth, (Street and Number) | 244 Wes Biddle St- |
| 5. Full Name of Mother, | Sarah J Robinson |
| 6. Mother's Maiden Name, | Sarah Smith- |
| 7. Mother's Birthplace, | Sant- mary conty |
| 8. Full Name of Father, | Lewis G Robinson |
| 9. Father's Occupation, | Cigar maker- |
| 10. Father's Birthplace, | Baltimore city |
| Name of Medical Attendant, or other Person who makes this Return | Cerlestar. Cock |
| Address, | 83 Moreg aly |
| Remarks, | |

[illegible] the mother of such child or children.

[illegible]NY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7119

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
11
1884
BALTIMORE

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colrd.
3. Date of Birth, 11th 23rd 1884.
4. Place of Birth, (Street and Number) 34 E King St
5. Full Name of Mother, Mary E. Commish.
6. Mother's Maiden Name, M. E. Brown.
7. Mother's Birthplace, Cambridg. Md.
8. Full Name of Father, Marcellas Brown.
9. Father's Occupation, Porter.
10. [redacted] Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return Mrs Cook.

Address, 14 Moras Alley.

Remarks, Alive.

ULANY & CO., CITY PRINTERS AND STATIONERS

71120

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 11 1884 BALTIMORE

*[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Female 3d
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* April 25th 1884
4. *Place of Birth, (Street and Number)* 1,341 Orchard street
5. *Full Name of Mother,* Nannie, Crocker
6. *Mother's Maiden Name,* Nannie Henson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas. H. Crocker
9. *Father's Occupation,* Waiter " " " "
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Celesta, Cook.

*Address,* 83 Morse alley

*Remarks,*

[illegible]LARY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 71121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, April 27th, 1884

4. Place of Birth, (Street and Number) 182, Chestnut-st-

5. Full Name of Mother, Estelle J. McKay-

6. Mother's Maiden Name, " " Mervin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. S. McKay-

9. Father's Occupation, Telegraphic Instrument-Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. E. Russell

Address, 238, N. Broadway-

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS

7113-2

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. APR 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. April 27th 1884.
4. Place of Birth, (Street and Number) No 551 Light st.
5. Full Name of Mother, Birdie Jackson
6. Mother's Maiden Name, Birdie Walden
7. Mother's Birthplace, Virginia
8. Full Name of Father, William J. Jackson
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catharine Hornung

Address, No 18 Byrd st.

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

7115 B

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Apr - 27 - 84
4. Place of Birth, (Street and Number) #161 W. Lombard st
5. Full Name of Mother, Rose Moore
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D.

Address, #161 W Lombard

Remarks,

perth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71134

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd Child.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 27th of April 1884.
4. *Place of Birth, (Street and Number)* No 3. Mccallery street.
5. *Full Name of Mother,* Mary Sroard.
6. *Mother's Maiden Name,* Mary Bruner.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Brunner.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel.

*Address,* 11 North Chapel street per Justina Kunkel.

*Remarks,* Healthy.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71125

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | colored |
| 3. *Date of Birth,* | Apl 27th 84 |
| 4. *Place of Birth, (Street and Number)* | 78 Sarah Ann |
| 5. *Full Name of Mother,* | Sarah Wilson |
| 6. *Mother's Maiden Name,* | " Boyer |
| 7. *Mother's Birthplace,* | Kent Co Md |
| 8. *Full Name of Father,* | Jno H Wilson |
| 9. *Father's Occupation,* | Dragman |
| 10. *Father's Birthplace,* | Kent Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return | H Wilson |
| *Address,* | 865 W Mont St |
| *Remarks,* | Cor Calhoun |

...ANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71126

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1894 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1 |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | 27 April 1894 |
| 4. Place of Birth, (Street and Number) | Mill St |
| 5. Full Name of Mother, | |
| 6. Mother's Maiden Name, | Annie Bell Pinfield |
| 7. Mother's Birthplace, | Baltimore Md |
| 8. Full Name of Father, | Jhan Rich |
| 9. Father's Occupation, | Labor |
| 10. Father's Birthplace, | Cambridge |
| Name of Medical Attendant, or other Person who makes this Return | Dorkham Wilson |
| Address, | 252 Hughes St |
| Remarks, | |

...ARY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 2 April |
| 4. *Place of Birth, (Street and Number)* | 2 Bleumin |
| 5. *Full Name of Mother,* | Malvine Schakowstig |
| 6. *Mother's Maiden Name,* | Tucholstig |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Anton Schakowstig |
| 9. *Father's Occupation,* | Labourer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 12. E. Lombard |
| *Remarks,* | |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

711 28

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 Apr 1884
4. *Place of Birth, (Street and Number)* 136 W. Spring str
5. *Full Name of Mother,* Katarina Schmidt
6. *Mother's Maiden Name,* Vinker
7. *Mother's Birthplace,* Prussia Germany
8. *Full Name of Father,* Edward Schmidt
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Prussia Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Rulbig

*Address,* #48 Hollandstr

*Remarks,*

Balto Md

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71129

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 27 1884
4. *Place of Birth, (Street and Number)* 136 Townsend St
5. *Full Name of Mother,* Mary Rashling
6. *Mother's Maiden Name,* Mary Kannan
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Philip Rashling
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. Meserzehl

*Address,* 345 Penna ave

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents; and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

7/130

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st —

1. *Sex* (state whether Male or Female) Female —
2. *Race or Color* (if not of the white race) White —
3. *Date of Birth* April 27 / 84 —
4. *Place of Birth* (Street and Number) 33 angola avenue —
5. *Full Name of Mother* Estella Goldsack.
6. *Mother's Maiden Name* Otis.
7. *Mother's Birthplace* Chicago —
8. *Full Name of Father* Joseph A. Goldsack —
9. *Father's Occupation* Engineer & Draughtsman.
10. *Father's Birthplace* England —

*Name of Medical Attendant,* or other Person who makes this Return. R. H. Goldsmith.

*Address* Harlem ave & Calhoun st

*Remarks*

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 71131

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 27th 1884

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks,

CO., CITY PRINTERS AND STATIONERS

7 1162

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | April 27. 1884 |
| *4. Place of Birth (Street and Number)* | Orchard st 22 |
| *5. Full Name of Mother* | Cate Bowls |
| *6. Mother's Maiden Name* | Cate Brooks |
| *7. Mother's Birthplace* | Frederick county |
| *8. Full Name of Father* | Henry Brooks |
| *9. Father's Occupation* | Upholstering |
| *10. Father's Birthplace* | West River |
| *Name of Medical Attendant, or other Person who makes this Return.* | E. Bias |
| *Address* | Biddle st 249 |
| *Remarks* | |

71133

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The first

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) ~~[illegible]~~ White

3. Date of Birth, 27 day of April 1884

4. Place of Birth, (Street and Number) third floor 29 S. Eutaw

5. Full Name of Mother, Henretta Hof

6. Mother's Maiden Name, Henretta Wienecke

7. Mother's Birthplace, Balti. City

8. Full Name of Father, Henry Hof

9. Father's Occupation, Hackman.

10. Father's Birthplace, Balti. City

Name of Medical Attendant, or other Person who makes this Return Amelie Bunge

Address.

Remarks.

NY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH, 7 11 34

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12th |
| 1. *Sex (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth* | April 27/84 |
| 4. *Place of Birth, (Street and Number)* | 183 N Eutaw St |
| 5. *Full Name of Mother* | Laura V. McCanna |
| 6. *Mother's Maiden Name* | " " Jeans |
| 7. *Mother's Birthplace* | Frederick Co Md |
| 8. *Full Name of Father* | John E. McCanna |
| 9. *Father's Occupation* | Machinist |
| 10. *Father's Birthplace* | Londonderry Ire. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Edward P. McDevitt |
| *Address* | 52 Augusta St |
| *Remarks* | Became a complete maniac 2 hours before delivery & remained so until 5 days afterwards. |

name of the mother of such child or children.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 29 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex, (state whether ~~male~~ or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 28 – 84

4. Place of Birth, (Street and Number) 161 W. Lombard st-

5. Full Name of Mother, Eugenia Fossitt

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Virginia

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D

Address, 161 W. Lombard st.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71136

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT APR 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb: 24th: /84
4. *Place of Birth (Street and Number)* 116 N. Carolina St
5. *Full Name of Mother* Lucretia Rockwell
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Chesterfield
8. *Full Name of Father* Albert Groves
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Chesterfield

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Hoane M.D.

*Address* 116 N. Carolina St

*Remarks*

name of the mother of such child or children.

711 37

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

April 29th 1884

HEALTH DEPARTMENT APR 30 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 28th 1884.
4. *Place of Birth, (Street and Number)* 163 Collington Ave.
5. *Full Name of Mother,* Maggie Bensel.
6. *Mother's Maiden Name,* Maggie Kopp.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* John M. Bensel.
9. *Father's Occupation,* Can-Maker.
10. *Father's Birthplace,* America.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Mary Amend.

*Address,* No. 137 S Wolfe St.

*Remarks,*

...ITY PRINTERS AND STATIONERS.

...duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

7138

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT APR 30 1884 BALTIMORE.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th Child.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 28th of April 1884.
4. *Place of Birth, (Street and Number)* East Monument stret.
5. *Full Name of Mother,* Dora Feldner.
6. *Mother's Maiden Name,* Dora Hohman.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Casper Hohman.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Credintia Kunkel

*Address,* 11 North Chapel Stret for Justina Kunkel.

*Remarks,* Healthy.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71139

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colar
3. *Date of Birth,* April 28
4. *Place of Birth, (Street and Number)* Cumberland St. 263
5. *Full Name of Mother,* Sary Bose
6. *Mother's Maiden Name,* Sary miller
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Cannel Bose
9. *Father's Occupation,* Brickmakker
10. *Father's Birthplace,* Ericsfield. ~~[illegible]~~

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* H H Smith no 100 McCarty St

*Remarks,*

...ANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race)
3. Date of Birth. 28th of April 1884.
4. Place of Birth, (Street and Number) Baltimore Jackson St. No 4.
5. Full Name of Mother, Margaretha Schmelzer
6. Mother's Maiden Name, " " Ertl.
7. Mother's Birthplace, Freien. Provinz Oberpfalz
8. Full Name of Father, John Schmelzer
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Lauf Provinz Oberfranken Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs. Seibath

Address, No 439 west Pratt st.

Remarks,

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 1 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr- 28- 84
4. Place of Birth, (Street and Number) #161 N. Lombard st
5. Full Name of Mother, Mary Rile
6. Mother's Maiden Name, ———
7. Mother's Birthplace, West- Virginia
8. Full Name of Father, Don't Know
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D.

Address, #161 N. Lombard st

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 April
4. Place of Birth, (Street and Number) 81 Watson street
5. Full Name of Mother, Mary Cusboat
6. Mother's Maiden Name, Cook
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Cusboat
9. Father's Occupation, Labourer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d Child

1. *Sex, (state whether ~~male or female~~)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 26, 1884

4. *Place of Birth, (Street and Number)* E. Madison St. No. 416

5. *Full Name of Mother,* Barbara Gerstle

6. *Mother's Maiden Name,* Barbara Klenk

7. *Mother's Birthplace,* Eschoend, N. Würtemberg, Germany

8. *Full Name of Father,* Andreas Gerstle

9. *Father's Occupation,* Varnischer

10. *Father's Birthplace,* Asperg, N. Würtemberg, Germany

*Name of Medical Attendant,* or other Person who makes this Return, Mary E. Miller

*Address,* N. Dallas St. No. 26

*Remarks,*

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* female
3. *Date of Birth,* 66 Forrest str
4. *Place of Birth, (Street and Number)* April 28. 1884
5. *Full Name of Mother,* Eliza Hoffman
6. *Mother's Maiden Name,* Drexler
7. *Mother's Birthplace,* Balto Mr
8. *Full Name of Father,* John Hoffman
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Balto Mr

*Name of Medical Attendant,* or other Person who makes this Return Mrs Rulbig

*Address,* 48 Holland str

*Remarks,* Balto Mr

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7/1145

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

MAY 12 1881
BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6th

*1. Sex (state whether Male or Female)* Female

*2. Race or Color (if not of the white race)*

*3. Date of Birth* April 21st 1881

*4. Place of Birth (Street and Number)* 282 E. Monument Ave

*5. Full Name of Mother* O'Neil

*6. Mother's Maiden Name* (Nagerty)

*7. Mother's Birthplace* Ireland

*8. Full Name of Father* James O'Neil

*9 Father's Occupation* Police Officer

*10. Father's Birthplace* Ireland

*Name of Medical Attendant, or other Person who makes this Return.* Geo. B. Reynolds M.D.

*Address* 171 N. Calvert St

*Remarks*

CERTIFICATE CORRECTED 5-10-49

71146

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: George Herbert McFrederick

HEALTH DEPARTMENT MAY 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 "

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* wht
3. *Date of Birth,* 26. April. 1884
4. *Place of Birth, (Street and Number)* 130 Myrtle ave
5. *Full Name of Mother,* Linda McFrederick
6. *Mother's Maiden Name,* " Lekson
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* James H McFrederick
9. *Father's Occupation,* Police officer
10. *Father's Birthplace,* Va

*Name of Medical Attendant,* or other Person who makes this Return G Lane Tanneyhill

*Address,* 219 Madison ave

*Remarks,*

...should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...RTY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7147

*To the Office of Registrar of Vital Statistics, Board of Health,*

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 12 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth Child. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 26th of April |
| 4. *Place of Birth, (Street and Number)* | 48 Druidhill avenue. |
| 5. *Full Name of Mother,* | Lizzie Annie Becker. |
| 6. *Mother's Maiden Name,* | Lizzie Annie Ruskel. |
| 7. *Mother's Birthplace,* | Europe |
| 8. *Full Name of Father,* | John Becker. |
| 9. *Father's Occupation,* | Store keeper |
| 10. *Father's Birthplace,* | Europe |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Ida Sadler |
| *Address,* | No. 4. New St. |
| *Remarks,* | |

T, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH 71148

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 28th April

4. Place of Birth, (Street and Number) 53 Chapel St

5. Full Name of Mother, Martha E Bodley

6. Mother's Maiden Name, Martha E Bodley

7. Mother's Birthplace, Balto County

8. Full Name of Father, George A Bodley

9. Father's Occupation, Labour

10. Father's Birthplace, Balto County

Name of Medical Attendant, or other Person who makes this Return Ellen Carson

Address, No 273 N Chapel St

Remarks,

PRINTERS AND STATIONERS

71149

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* 4 to

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Apr. 28 84.
4. *Place of Birth, (Street and Number)* N. Wolf str. 55
5. *Full Name of Mother,* Louise Droll
6. *Mother's Maiden Name,* Hohmann
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Adam Droll
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Mrs Joh. Baulach

*Address,* S. Wolf str. N 14

*Remarks,*

...ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71150

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY 12 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 April
4. *Place of Birth, (Street and Number)* Belair av
5. *Full Name of Mother,* Caroline Binnan Laeger
6. *Mother's Maiden Name,* Caroline Binnan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Laeger
9. *Father's Occupation,* Stone Cutter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,* Mrs Lee Brown

*Remarks,*

Christ on Belair av

, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

7/151

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1884 BALTIMORE

| | |
|---|---|
| [redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | April 28/84 |
| 4. Place of Birth, (Street and Number) | 1 Constitution |
| 5. Full Name of Mother, | Louisa Dorris |
| 6. Mother's Maiden Name, | Louisa Rousser |
| 7. Mother's Birthplace, | Balto. |
| 8. Full Name of Father, | Charles Dorris |
| 9. Father's Occupation, | Cigar Maker |
| 10. [redacted]ther's Birthplace, | Germany |
| Name of Medical Attendant, or other Person who makes this Return | F. G. Moyer M.D. |
| Address, | 1. S. Exeter St. |
| Remarks, | |

NY & CO., CITY PRINTERS AND STATIONERS.

7/1152

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
29
1884
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth*
4. *Place of Birth (Street and Number)* Baltimore Clarrett alley
5. *Full Name of Mother* Kate Smith
6. *Mother's Maiden Name* Kate Williams
7. *Mother's Birthplace* St Marys co Md
8. *Full Name of Father* Samuel Smith
9. *Father's Occupation* Sailor
10. *Father's Birthplace* St Marys co Md

*Name of Medical Attendant,* or other Person who makes this Return.

*Address*

*Remarks* Mrs Frances Granby

name of the mother of such child or children.

# RETURN OF A BIRTH

7115

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT APR 30 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14th Child.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 29th of April 1884.
4. *Place of Birth, (Street and Number)* 364 East Fayette Street.
5. *Full Name of Mother,* Maggie Endres.
6. *Mother's Maiden Name,* Maggie Schmitt.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Joseph Schmitt.
9. *Father's Occupation,* Agent.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel.

*Address,* 11 North Chapel Street per Justina Kunkel.

*Remarks,* Healthy.

day of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7 1154

*To the Office of Registrar of Vital Statistics, Board of Health,*
**BALTIMORE CITY.**

HEALTH DEPARTMENT
APR
30
1884
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 29th 84
4. *Place of Birth (Street and Number)* 34 W. Eldery St.
5. *Full Name of Mother* Sara Scharf
6. *Mother's Maiden Name* Sara Koffel.
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* J. Gustave Scharf
9. *Father's Occupation* Minister
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Irving Miller, M.D.

*Address* 179 E. Monument St

*Remarks*

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, April 27 1884

4. Place of Birth, (Street and Number) No 2 Mulberry St Alley

5. Full Name of Mother, Martha Burrs

6. Mother's Maiden Name, Martha Evans

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, John Burrs

9. Father's Occupation, Laborer

10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return Lucinthia Woolford

Address, 130 Register St

Remarks,

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Tuesday April 29
4. *Place of Birth, (Street and Number)* No 12 Lemon street
5. *Full Name of Mother,* Ella Grady
6. *Mother's Maiden Name,* Ella Evens
7. *Mother's Birthplace,* Queenstown Maryland County
8. *Full Name of Father,* James Grady
9. *Father's Occupation,* Freight bricesmess
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Seebach

*Address,* 439 west Pratt st.

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday April 29
4. Place of Birth, (Street and Number) No 550 West Pratt st
5. Full Name of Mother, Rebecca Binemyer
6. Mother's Maiden Name, Rebecca Graves
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William Binemyer.
9. Father's Occupation, Candy maker.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. Seebath

Address, 439 west Pratt st.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, ... such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7158

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) ~~1st~~ first

1. *Sex*, (*state whether male or female*) girl
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, 29th of april 1884
4. *Place of Birth*, (*Street and Number*) Hyndes St No 45
5. *Full Name of Mother*, Mary Somerville
6. *Mother's Maiden Name*, Mary Weaver
7. *Mother's Birthplace*, City
8. *Full Name of Father*, James L Somerville
9. *Father's Occupation*, Painter
10. *Father's Birthplace*, City

*Name of Medical Attendant*, or other Person who makes this Return Lydia Somerville

*Address*, 13 Eaton ave

*Remarks*,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

77159

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 29. 1881 |
| 4. *Place of Birth, (Street and Number)* | 66 Holland st |
| 5. *Full Name of Mother,* | Louie Thompson |
| 6. *Mother's Maiden Name,* | Wade |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Robt Thompson |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Rullig |
| *Address,* | 48 Holland st |
| *Remarks,* | Balto Md |

shall no other person be so answerable upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

74160

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 nd Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | April 29 th 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 275 William st |
| 5. *Full Name of Mother,* | Mary Kunze Deitzel |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Friedrich Kunze |
| 9. *Father's Occupation,* | Barbar |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwaner midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

77161

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth. April 29th 1884

4. Place of Birth, (Street and Number) 97 S Ann St.

5. Full Name of Mother, Lizzie Gerhold

6. Mother's Maiden Name, Kerr

7. Mother's Birthplace, Md.

8. Full Name of Father, Carl Gerhold

9. Father's Occupation, Driver

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

77162

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 29th 1884
4. Place of Birth, (Street and Number) 276 Bank St
5. Full Name of Mother, Alice Wolf
6. Mother's Maiden Name, " Mulvaney
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Wolf
9. Father's Occupation, Police officer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 108 Bank St

Remarks,

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PRINTERS AND STATIONERS.

7116 3

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27th 1884
4. *Place of Birth, (Street and Number)* Harford Road
5. *Full Name of Mother,* Henrietta Bauer
6. *Mother's Maiden Name,* Gunther
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Bauer
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Wm. Dunn Hillegeist

*Address,* 182 E. Monument St.

*Remarks,*

NY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH, 71164

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
8
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth* | April 29/84 |
| 4. *Place of Birth, (Street and Number)* | 66 Hillyard St |
| 5. *Full Name of Mother* | Jennie B. Thompson |
| 6. *Mother's Maiden Name* | " " Mace |
| 7. *Mother's Birthplace* | Phila. Pa |
| 8. *Full Name of Father* | Robert Thompson |
| 9. *Father's Occupation* | Clerk |
| *Father's Birthplace* | Balto. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Adrian J. McDevitt |
| *Address* | 54 Lexington St |
| *Remarks* | |

Name of the mother of such child or children.

71165

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) — White
3. Date of Birth, April 29th 84
4. Place of Birth, (Street and Number) 447 Lexington St
5. Full Name of Mother, Mary A Schofield
6. Mother's Maiden Name, Mary A Demitz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James N. Schofield
9. Father's Occupation, Watchmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 No Pappelton St

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

71166

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto April 30th

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Balto April 30th 1884.
4. Place of Birth, (Street and Number) 388 New Alice Anna St.
5. Full Name of Mother, Lizzie Fleishmann.
6. Mother's Maiden Name, Lizzie Geist.
7. Mother's Birthplace, America.
8. Full Name of Father, George Fleishmann.
9. Father's Occupation, Laborer.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend

Address, 137 South Wolfe St

Remarks, —

...ary of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

71167

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT NOV 1 1884 BALTIMORE

of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother* (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex* (~~state whether Male or~~ Female)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* April 30th 1884
4. *Place of Birth* (Street and Number) No 242 N. Ann St
5. *Full Name of Mother* Fannie M. Fulda.
6. *Mother's Maiden Name* " " Delaney.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank H Fulda
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. J. Ridgway Andrews M D

*Address* No 121 E Balto st

*Remarks*

77168

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 30th 1884
4. Place of Birth, (Street and Number) 173 S Bond Sts
5. Full Name of Mother, Caroline Dvorak
6. Mother's Maiden Name, " Guld
7. Mother's Birthplace, Bingen Europe
8. Full Name of Father, Franz Dvorak
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia Europe

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Detz

Address, 120 N Bank St.

Remarks,

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11169

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | April 30 ed 1884 |
| 4. *Place of Birth, (Street and Number)* | No 39 Sharp st. |
| 5. *Full Name of Mother,* | Elisabeth Loetz |
| 6. *Mother's Maiden Name,* | Müller |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Albert Loetz |
| 9. *Father's Occupation,* | Sawyer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Lobgeier midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

Should the other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 30th 1884
4. Place of Birth, (Street and Number) 362 Little Alicanna St.
5. Full Name of Mother, Elizabetha Hemelt
6. Mother's Maiden Name, " Fleishman
7. Mother's Birthplace, City
8. Full Name of Father, Henry Hemelt
9. Father's Occupation, Can maker
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank St.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TY PRINTERS AND STATIONERS.

71171

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* =
3. *Date of Birth,* 30 Avril
4. *Place of Birth, (Street and Number)* 239 Eager street
5. *Full Name of Mother,* Magie Weibert
6. *Mother's Maiden Name,* = Suss
7. *Mother's Birthplace,* Kleineibstadt Baiern
8. *Full Name of Father,* John Weibert
9. *Father's Occupation,* Haumbrechtshausen Baiern
10. *Father's Birthplace,* Zapfer

*Name of Medical Attendant,* or other Person who makes this Return Anna Walter

*Address,* 239 E Eager

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 6 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 30 of April 1884 |
| 4. *Place of Birth, (Street and Number)* | No 171 Stirling Street |
| 5. *Full Name of Mother,* | El Lizzie Muller |
| 6. *Mother's Maiden Name,* | Lizzie Grimes |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Muller |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Lauer |
| *Address,* | No 173 Hanford Ave |
| *Remarks,* | Baltimore Md 1884 |

THE HEALTH DEPARTMENT MAY 4 1884 BALTIMORE

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71173

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 30th |
| 4. *Place of Birth, (Street and Number)* | 127 Penna av |
| 5. *Full Name of Mother,* | Ada Virginia Ford |
| 6. *Mother's Maiden Name,* | Williams |
| 7. *Mother's Birthplace,* | Petersburg |
| 8. *Full Name of Father,* | Arthur Henry Ford |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Detroit |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Maensel |
| *Address,* | 228 Saratoga st |
| *Remarks,* | |

...Y & CO., CITY PRINTERS AND STATIONERS.

OWEN NAME ADDED 11-29-55 14174

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE

Henrietta Famme

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Firste

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 30th 1884

4. Place of Birth, (Street and Number) 87 N. Central Ave.

5. Full Name of Mother, Margaret Famme

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Germany

8. Full Name of Father, August Famme

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return S. W. Seldner M.D.

Address, S.E. Cor. Eager & Caroline Sts

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

1176

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 30- 1884 |
| 4. *Place of Birth, (Street and Number)* | 32 N. Paca St. |
| 5. *Full Name of Mother,* | Amelie Shaab. |
| 6. *Mother's Maiden Name,* | " Hulshoff. |
| 7. *Mother's Birthplace,* | City |
| 8. *Full Name of Father,* | J. A. Shaab. |
| 9. *Father's Occupation,* | Butcher. |
| 10. *Father's Birthplace,* | City. |
| *Name of Medical Attendant,* or other Person who makes this Return | William A. B. Sellman M.D. |
| *Address,* | 46 West Biddle St |
| *Remarks,* | |

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71176

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE.

*No. of Child of Mother,* (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race* ~~or~~ *Color,* (~~if not of the white race~~) Colored
3. *Date of Birth,* April 30th/884. 11 P.M.
4. *Place of Birth,* (*Street and Number*) 172 Lyson St
5. *Full Name of Mother,* Priscilla Brown
6. *Mother's Maiden Name,* " Silva
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Benjamin Brown
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return. A Gregor Sherlyer Md.

*Address,* 88 E Baltimore St

*Remarks,* Instrumental

PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH 7177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 30th April 1884

4. Place of Birth, (Street and Number) 213 William st

5. Full Name of Mother Emma Jacob Porter

6. Mother's Maiden Name, Jacobs

7. Mother's Birthplace, Balt.

8. Full Name of Father, W. H. Porter

9. Father's Occupation, Marine Police

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return J. H. Nichols

Address, 59 Barnes

Remarks,

PRINTERS AND STATIONERS

7478

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 April 1884
4. Place of Birth, (Street and Number) Pine St 69
5. Full Name of Mother, Josephine Hase
6. Mother's Maiden Name, " Horne
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hase
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 N. Pappelton St

Remarks,

shall no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

ITS PRINTERS AND STATIONERS.

71179

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* April 30
4. *Place of Birth (Street and Number)* Roburge street 157
5. *Full Name of Mother* Maria Condor
6. *Mother's Maiden Name* Maria Hoskins
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Harrison Condor
9. *Father's Occupation* tobacco factory
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this return — Henrietta Gipson

*Address* Roburge street 143

*Remarks* 5 dollars

the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71180

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3) third one

1. Sex, (state whether male or female) Mail

2. Race or Color, (if not of the white race) Colled

3. Date of Birth, April 18th 1884

4. Place of Birth, (Street and Number) No 4 Jordan Alley

5. Full Name of Mother, Lizzie Cassel

6. Mother's Maiden Name, Mrs Wright

7. Mother's Birthplace, H ~~Masum Alley~~ Wilmington Del

8. Full Name of Father, Charles Cassel

9. Father's Occupation, Hotel Porter

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return Mrs Wright

Address, 7 Masum Baltimore

Remarks, It was a mistake of Mrs Wright of the other Certify was sent me

Y & CO., CITY PRINTERS AND STATIONERS

74181

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY 3 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 3rd 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Hamburg. St No. 49 |
| 5. *Full Name of Mother,* | Caroline Marr. |
| 6. *Mother's Maiden Name,* | " May |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George. Marr. |
| 9. *Father's Occupation,* | Hunter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. C. Mitchell |
| *Address,* | No. 518 Parkin St. |
| *Remarks,* | |

duty of the parent or parents to cause child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

7182

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY 3 1884
BALTIMORE

duty of the parent or parents o such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | March 4th 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Penn st No. 40 |
| 5. *Full Name of Mother,* | Annie Meeks. |
| 6. *Mother's Maiden Name,* | " Dorman |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Frank. Meeks. |
| 9. *Father's Occupation,* | Silver-Beater |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. C. Mitchell |
| *Address,* | No. 5-8 Parkin st. |
| *Remarks,* | |

BY PRINTERS AND STATIONERS.

7118

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th 1884
4. Place of Birth, (Street and Number) Baltimore Scott st. No. 36
5. Full Name of Mother, Elizbeth Poulton
6. Mother's Maiden Name, Frazier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Poulton
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Mitchell

Address, No. 5 8 Parkin st.

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 1 84

HEALTH DEPARTMENT MAY 2 1884 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26/84
4. Place of Birth, (Street and Number) 89 S Hicks
5. Full Name of Mother, Lyda Bamber
6. Mother's Maiden Name, " Jones
7. Mother's Birthplace, Boston Mass
8. Full Name of Father, Jas. Bamber
9. Father's Occupation, Black Smith
10. Father's Birthplace, Woodberry Balto Co Md

Name of Medical Attendant, or other Person who makes this Return H. L. Spiedel

Address, 387 W. Lombard St

Remarks,

PRINTERS AND STATIONERS

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY
1924
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30. of March
4. Place of Birth, (Street and Number) № 439 west Pratt st
5. Full Name of Mother, Minnie Ostertag
6. Mother's Maiden Name, Lange
7. Mother's Birthplace, Germanie
8. Full Name of Father, Albert Ostertag
9. Father's Occupation, Shoismaker
10. Father's Birthplace, Germanie

Name of Medical Attendant, or other Person who makes this Return Mrs. Seebach

Address, 439 west Pratt st.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7186

*To the Office of Registrar of Vital Statistics, Board of Health,*

BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th Child. |
| 1. *Sex, (state whether male or female)* | Male |
| *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 12 1884 |
| *Place of Birth, (Street and Number)* | 34 W. Baltimore St. |
| 5. *Full Name of Mother,* | Mary Stuckert |
| 6. *Mother's Maiden Name,* | Mary Wolf |
| 7. *Mother's Birthplace,* | Hesse Darmstadt |
| 8. *Full Name of Father,* | Jno Stuckert |
| 9. *Father's Occupation,* | Tobacconist |
| 10. *Father's Birthplace,* | Washington D.C. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno F. Powell M.D. |
| *Address,* | 227 Carrollton Ave. |

Child Healthy

# RETURN OF A BIRTH 7187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1st of May
4. Place of Birth, (Street and Number) 45 S. McElderry.
5. Full Name of Mother, Rosina Anderson.
6. Mother's Maiden Name, " Thompson.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Anderson.
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter.

Address, 125 N Caroline St.

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH 71188

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of May
4. Place of Birth, (Street and Number) 160 N. Caroline St
5. Full Name of Mother, Mary Dessing
6. Mother's Maiden Name, " Pop
7. Mother's Birthplace, Germany
8. Full Name of Father, Lewis Dessing
9. Father's Occupation, Cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N Caroline St

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7189

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of May 1884
4. Place of Birth, (Street and Number) 116 North Washington street
5. Full Name of Mother, Idie Mason
6. Mother's Maiden Name, Idie Tomson
7. Mother's Birthplace, Lineburg Virginia
8. Full Name of Father, Conrate Tomson
9. Father's Occupation, Potograph
10. Father's Birthplace, London England

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 71 North Chapel street per justin Kunkel

Remarks, Kunkel

TY PRINTERS AND STATIONERS.

71190

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE.

| | |
|---|---|
| No. [illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 1st 1884 |
| 4. Place of Birth, (Street and Number) | 141 Hudson |
| 5. Full Name of Mother, | Ellen |
| 6. Mother's Maiden Name, | Dunkin |
| 7. Mother's Birthplace, | Ireland |
| 8. Full Name of Father, | Michael King |
| 9. Father's Occupation, | Laborer |
| 10. [illegible]ther's Birthplace, | Ireland |
| Name of Medical Attendant, or other Person who makes this Return | E. J. Williams MD |
| Address, | 6 E Elwood St |
| Remarks, | |

PRINTERS AND STATIONERS

71191

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1st
4. *Place of Birth, (Street and Number)* 12. Etna Lane
5. *Full Name of Mother,* Luccia ~~Giuliani~~ Ambrogi
6. *Mother's Maiden Name,* Luccia Giuliani
7. *Mother's Birthplace,* Boveglio. Toscana. Italy
8. *Full Name of Father,* Narchezo. Ambrogi
9. *Father's Occupation,* Fruit Stand
10. *Father's Birthplace,* Boveglio. Toscano. Italy

*Name of Medical Attendant,* or other Person who makes this Return Barbra Reiß Hebamme

*Address,* No 28. N Friedrichstr

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

77192

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1st of May 1884

4. *Place of Birth, (Street and Number)* 119 West Lombard St

5. *Full Name of Mother,* Josephine Rafetto

6. *Mother's Maiden Name,* Josephine Faith

7. *Mother's Birthplace,* Ellicott City

8. *Full Name of Father,* Anton McRafetto

9. *Father's Occupation,* Electrical Instrument maker

10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Hunter

*Address,* 21 N. Poppleton St

*Remarks,*

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7119

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 10 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1st, 1884
4. Place of Birth, (Street and Number) N. W. corner Orleans and Castle sts.
5. Full Name of Mother, Mrs. Gergie Keller
6. Mother's Maiden Name, Mrs Gergie Dietz
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr. Frederick Keller
9. Father's Occupation, Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Wm H. Clendenen, M.D.

Address, No. 102 N. Broadway

Remarks,

Within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7/1194

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
10
1894
BALTIMORE

| | |
|---|---|
| No. Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2nd, |
| 1. Sex, (state whether male or female) | Female, |
| 2. Race or Color, (if not of the white race) | White, |
| 3. Date of Birth, | May 1st 1884, |
| 4. Place of Birth, (Street and Number) | 99 Valley street, |
| 5. Full Name of Mother, | Laura Virginia Butler, |
| 6. Mother's Maiden Name, | Laura Virginia Booze, |
| 7. Mother's Birthplace, | Balto. City, |
| 8. Full Name of Father, | Thomas Wm. Butler, |
| 9. Father's Occupation, | Carpenter, |
| 10. Father's Birthplace, | Prince George's Co, |
| Name of Medical Attendant, or other Person who makes this Return | Chas. B. Ziegler, M.D. |
| Address, | 282 N. Broadway. |
| Remarks, | |

PRINTERS AND STATIONERS

7119

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 10 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1st 1884
4. Place of Birth, (Street and Number) 95 Sterrett St
5. Full Name of Mother, Madora Sturm
6. Mother's Maiden Name, " , Watts
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Theodore A Sturm
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St per Dr

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TY PRINTERS AND STATIONERS.

71196

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1st 1884
4. Place of Birth, (Street and Number) Fremont St. N. 16
5. Full Name of Mother, Sophia Fuller
6. Mother's Maiden Name, " Gheiber
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Fuller
9. Father's Occupation, Printer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Mrs R. Ullig

Address, 48 Holland St.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 12 1884 BALTIMORE, MD.

...Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st May 1884

4. Place of Birth, (Street and Number) 142 Mulberry St

5. Full Name of Mother Kate M. Hutchins

6. Mother's Maiden Name, Kate Martin

7. Mother's Birthplace, Virginia

8. Full Name of Father, Robt H. Hutchins

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return — Wm Jackson Evans M.D.

Address, 175 Saratoga St

Remarks, Natural Labor

WRITERS AND STATIONERS

71198

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY 12 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 May 1884
4. *Place of Birth, (Street and Number)* Federal Street
5. *Full Name of Mother,* Rosine Busky
6. *Mother's Maiden Name,* Rosine Theicher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Busky
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,* Mrs Lee Burns

*Remarks,* Chester Street near Belair Ave

PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH.

71199

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
4
1884
BALTIMORE

of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 14 do. |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | May 2 nd 1884 |
| *4. Place of Birth (Street and Number)* | 111 Elbow Lane |
| *5. Full Name of Mother* | ~~Sarah~~ Peck |
| *6. Mother's Maiden Name* | Sarah Amos |
| *7. Mother's Birthplace* | Balto. |
| *8. Full Name of Father* | Daniel C. Peck |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto. Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | R. M. Hall M.D. |
| *Address* | 262 Sharp st. |
| *Remarks* | |

7/200

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2 A.M. 1884

4. Place of Birth, (Street and Number) No 626 South Charles st

5. Full Name of Mother, Carrie Brown

6. Mother's Maiden Name, Carrie Firoved

7. Mother's Birthplace, Ohio

8. Full Name of Father, Charles Brown

9. Father's Occupation, Dealer in Produce

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return E. Hunton

Address, No 79 Randall st

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7/1201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2d 1884 Evening

4. Place of Birth, (Street and Number) No 539 Light St

5. Full Name of Mother. Louisa Brown

6. Mother's Maiden Name. Louisa Duvall

7. Mother's Birthplace, Prince George Co md

8. Full Name of Father. Franl A Brown

9. Father's Occupation, Brakeman B&ORR.

10. Father's Birthplace. Prince George Co md

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address, No 79 Randall st

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

No. 202

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 7 1894 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd of May 1894

4. Place of Birth, (Street and Number) No 168 Chesapeake St

5. Full Name of Mother, Mrs Kate Smith

6. Mother's Maiden Name, Miss Kate Waters

7. Mother's Birthplace, Born in Baltimore

8. Full Name of Father, Mr George Smith

9. Father's Occupation, Longshoreman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 42 Patterson Park Ave

Remarks,

BY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

| | |
|---|---|
| No. ● Child of Mother, (state whether 1st, 2d, 3d, &c.) | Second |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 2nd 1884 |
| 4. Place of Birth, (Street and Number) | 149 Columbia avenue |
| 5. Full Name of Mother, | Barbara Hopf |
| 6. Mother's Maiden Name, | B Stumpf |
| 7. Mother's Birthplace, | Balto Md |
| 8. Full Name of Father, | Georg Hopf |
| 9. Father's Occupation, | News carrier |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other Person who makes this Return | Geo R Graham MD |
| Address, | 136 Columbia ave |
| Remarks, | |

PRINTERS AND STATIONERS

7 1204

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex (state whether male or female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | 2nd of may |
| 4. *Place of Birth (Street and Number)* | Constitution & 1st No 1 |
| 5. *Full Name of Mother* | Mary Ann ~~Joseph~~ Klingsmun |
| 6. *Mother's Maiden Name* | Joseph |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Mayle Klingsmun |
| 9. *Father's Occupation* | Engineere |
| *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | |
| *Address* | Mrs Jane Guey |
| *Remarks* | 13 Holland st |

Name of the Mother of such child or children.

# RETURN OF A BIRTH

7 1205

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 1 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2 th 1884
4. Place of Birth, (Street and Number) 122 Lutson St
5. Full Name of Mother, Sarah Smith
6. Mother's Maiden Name, Denin
7. Mother's Birthplace, New york
8. Full Name of Father, William Smith
9. Father's Occupation, Labora
10. Father's Birthplace, Irland

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

Y PRINTERS AND STATIONERS.

71206

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th Child

*Sex, (state whether ~~male or~~ female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May the 2. 1884

4. *Place of Birth, (Street and Number)* N. Dallas St. No 21

5. *Full Name of Mother,* Lizzie Hinkelmann

6. *Mother's Maiden Name,* Lizzie Wittich

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Frank. Hinkelmann

9. *Father's Occupation,* Laborer

*Father's Birthplace,* Balto City

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Miller

*Address,* N. Dallas St. No 26

*Remarks,*

...recovered as other fines and penalties are recoverable.

...ty Printers and Stationers.

# RETURN OF A BIRTH 7/207

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th Child

*Sex, (state whether ~~male or~~ female)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May the 2. 1884.

4. *Place of Birth, (Street and Number)* S. Register St. No 65

5. *Full Name of Mother,* Mary Borkhardt

6. *Mother's Maiden Name,* Mary Pfeffer

7. *Mother's Birthplace,* Mesbel. Gr. Hessen Germany

8. *Full Name of Father,* Eduard Borkhardt

9. *Father's Occupation,* Carpenter

*Father's Birthplace,* Petershagen. K. Preussen. Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Hiller

*Address,* N. Dallas St. No 26

*Remarks,*

hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

Over

11208

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

Name of Child: John ~~Harris~~

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* May the 2th
4. *Place of Birth, (Street and Number)* Baltimore (~~Windrow~~) Winder St NE Nom
5. *Full Name of Mother,* Sarah (~~Sarah~~) (~~Harson~~) Harris
6. *Mother's Maiden Name,* Townsend (~~Townson~~)
7. *Mother's Birthplace,* Anne Arundel (an Taldol) Co Md
8. *Full Name of Father,* John (~~Harson~~) Harris
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Virginia (verginna)

*Name of Medical Attendant,* or other Person who makes this Return Elizabeth Hathorn

*Address,* William St No 3 y 4

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

41209

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
8
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One (1st)

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored Race

3. *Date of Birth,* May 2 1884

4. *Place of Birth, (Street and Number)* 131 Chapel St

5. *Full Name of Mother,* Rebecca Akins

6. *Mother's Maiden Name,* Rebecca Gill

7. *Mother's Birthplace,* Carroll County

8. *Full Name of Father,* George Akins

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Virginia Co

*Name of Medical Attendant,* or other Person who makes this Return Lucinda Woolford

*Address,* 130 Rowster

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...INTERS AND STATIONERS.

71210

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY
10
1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2d 1884
4. Place of Birth, (Street and Number) No. 20 South Chester St.
5. Full Name of Mother, Mrs. Emma J Powell
6. Mother's Maiden Name, Miss Emma J. Gambrell
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Charles Sindney Powell
9. Father's Occupation, Mariner
10. Father's Birthplace, Maryland (Worcester County)

Name of Medical Attendant, or other Person who makes this Return Wm. H. Cleudinen, M.D.

Address, No. 102 N. Broadway

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

71311

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2nd 1884
4. Place of Birth, (Street and Number) Forest Place No 11
5. Full Name of Mother, Hennetta Crichton
6. Mother's Maiden Name, " Hubner
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Crichton
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Mrs R Ulrig

Address, 48 Holland St

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 12 1884 BALTIMORE, MD.

TY PRINTERS AND STATIONERS.

71512

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 May
4. Place of Birth, (Street and Number) 24 Packa
5. Full Name of Mother, Fannie Montgomery
6. Mother's Maiden Name, Camp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Montgomery
9. Father's Occupation, Fire department
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 92 E. Lombard

Remarks,

BY PRINTERS AND STATIONERS.

71213

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2nd 84
4. Place of Birth, (Street and Number) # 5 + 7 N. Eutaw St.
5. Full Name of Mother, Lizzie Wolle
6. Mother's Maiden Name, Strauss
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alex Wolle
9. Father's Occupation, Hotel - Keeper
10. Father's Birthplace, Sachsen

Name of Medical Attendant, or other Person who makes this Return Mary Krol

Address, # 328 S. Eutaw St

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 5 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 3d 1884

4. Place of Birth, (Street and Number) 197 Clifton Place.

5. Full Name of Mother, Sadie A. Sanner

6. Mother's Maiden Name, " " Hann (Hann.)

7. Mother's Birthplace, Beverly, Mass.

8. Full Name of Father, Rozel N. Sanner.

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Hooden.

Address,

Remarks, 120 Lanvale st.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71315

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 3rd 84
4. Place of Birth, (Street and Number) 237 Penna Ave
5. Full Name of Mother, Louisa Chalmers.
6. Mother's Maiden Name, Louisa Simering
7. Mother's Birthplace, Md
8. Full Name of Father, Charles I. Chalmers
9. Father's Occupation, Conductor
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. G. Keller, M.D.

Address, 188 Franklin St

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

71216

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 7 1891 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

Sex, (state whether male ~~or female~~) .....

2. Race or Color, (if not of the white race) White

3. Date of Birth, May the 3. 1891

4. Place of Birth, (Street and Number) Hanstead St. No 75.

5. Full Name of Mother, Anna O. Niel

6. Mother's Maiden Name, Anna Mooney

7. Mother's Birthplace, Balto City

8. Full Name of Father, Mathews O Niel

9. Father's Occupation, Blacksmith

Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St No 26

Remarks, .....

Hereafter all to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ity Printers and Stationers.

# RETURN OF A BIRTH

71217

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 7 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex, (state whether male or ~~female~~) [illegible]

2. Race or Color, (if not of the white race) White

3. Date of Birth, May the 3. 1894.

4. Place of Birth, (Street and Number) Eastern Av. N° 62.

5. Full Name of Mother, Louise Calbrider

6. Mother's Maiden Name, Louise Heise

7. Mother's Birthplace, Balto City

8. Full Name of Father, Charles E. Calbrider

9. Father's Occupation, Laborer

Father's Birthplace, Carrol County. Md

Name of Medical Attendant, or other Person who makes this Return. Harry E. Miller

Address, N. Dallas St. N° 26

Remarks,

...ty Printers and Stationers.

# RETURN OF A BIRTH 7218

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth, May, 3rd, 1884

4. Place of Birth, (Street and Number) 101, E, Biddle, St

5. Full Name of Mother, Annie, Nelson

6. Mother's Maiden Name, " Reed

7. Mother's Birthplace, Ireland

8. Full Name of Father, Alexander, Nelson

9. Father's Occupation, Shoe, Maker

10. Father's Birthplace, New, Jersey

Name of Medical Attendant, or other Person who makes this Return Wm. E. Russell

Address, 238, N, Broadway

Remarks,

& CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71219

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

*Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* May 3 1884

4. *Place of Birth, (Street and Number)* 4 Cambridge st.

5. *Full Name of Mother,* Emma Callihan

6. *Mother's Maiden Name,* Emma Gray

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Edward Callihan

9. *Father's Occupation,* Labour

*Father's Birthplace,* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Mary Conner 1[illegible]

*Address,* Collington avenue

*Remarks,*

hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ity Printers and Stationers.

11220

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 3 1884
4. Place of Birth, (Street and Number) Fort Avenue
5. Full Name of Mother, Lize Martin
6. Mother's Maiden Name, Lize Conners
7. Mother's Birthplace, Irland
8. Full Name of Father, John Martin
9. Father's Occupation, Laborer
10. Father's Birthplace, Irland
11. Name of Medical Attendant, or other Person who makes this Return Margret Ettel
12. Address, No 13 Eutaw St
13. Remarks,

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

BY PRINTERS AND STATIONERS.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 nd Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 3 — 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 160 Legdenhall st |
| 5. *Full Name of Mother,* | Mary Jopp Gebhardt |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Jim. Jopp |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Lohmaier midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 3 — 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 1200 Grace St |
| 5. *Full Name of Mother,* | Elisabeth Baumgaertner |
| 6. *Mother's Maiden Name,* | Deist |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Andrew Baumgaertner |
| 9. *Father's Occupation,* | Clerk. |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwarzer midwife |
| *Address,* | 330 Hanover St. |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7/223

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
6
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, [redacted] May 4th 1884

4. Place of Birth, (Street and Number) 7 Rand Ct

5. Full Name of Mother, Rachell Smith

6. Mother's Maiden Name, Rachell Smith

7. Mother's Birthplace, Carroll Co Md

8. Full Name of Father, Alfred Howard

9. Father's Occupation, Hackman

10. [redacted]her's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return J A Gillin M D

Address, 150 N Entaw

Remarks,

NY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

71124

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 4th 1884
4. Place of Birth, (Street and Number) Pratt bet dk. 25
5. Full Name of Mother, Lena Winks
6. Mother's Maiden Name, Krepps
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sam W Winks
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park av

Remarks, Called in Doc. Gatley

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

71995

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 7 1894 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 4th
4. *Place of Birth (Street and Number)* 51 Bartain St.
5. *Full Name of Mother* Anna B Arnold.
6. *Mother's Maiden Name* Mason
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Henry Arnold
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* H. W. Nelson M.D.

*Address* 298 W. Lomb. St.

*Remarks*

of the parents, and the maiden name of the mother of such child or children.

71226

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* May 6 1884
4. *Place of Birth, (Street and Number)* McCulloh St No 36
5. *Full Name of Mother,* Margret J Kitley
6. *Mother's Maiden Name,* Margret J Allen
7. *Mother's Birthplace,* Alexandria Va
8. *Full Name of Father,* James H Allen
9. *Father's Occupation,* Labor [illegible]
10. *Father's Birthplace,* Durham Md

*Name of Medical Attendant, or other Person who makes this Return.* Carline F Darden

*Address,* Chestnut St No 7

*Remarks,*

PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH.

71227

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* May 4th 1884.

*4. Place of Birth (Street and Number)* No 38 Edmonson Ave.

*5. Full Name of Mother* Adelaide V Whitman

*6. Mother's Maiden Name* " Lyons.

*7. Mother's Birthplace* Baltimore City

*8. Full Name of Father* John William Whitman.

*9. Father's Occupation* Printer

*Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Geo C Ogle M D

*Address* 229 E Lanvale St.

*Remarks*

of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7122 8

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. [redacted], *(state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 4th 1884

4. *Place of Birth, (Street and Number)* Burgundy alley 47

5. *Full Name of Mother,*

6. *Mother's Maiden Name,* Mary Jane Floyd

7. *Mother's Birthplace,* East Shore Virginia

8. *Full Name of Father,* Not known

9. *Father's Occupation,*

10. *Father's Birthplace,*

[redacted] *Name of Medical Attendant,* or other Person who makes this Return Deborah Thomas

*Address,* 71 Burgundy Alley

*Remarks,* C. C.

PRINTERS AND STATIONERS

71229

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth May 4/84
4. Place of Birth, (Street and Number) 28 E. Lombard St.
5. Full Name of Mother Agnes M. E. ~~Chapel~~
6. Mother's Maiden Name " " " Drumgool.
7. Mother's Birthplace Balto.
8. Full Name of Father Stillen B. Clark.
9. Father's Occupation Flour & Feed dealer
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address 54 Aisquith St.

Remarks

Name of the mother of such child or children.

11230

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8. Child |
| 1. *Sex, (state whether male or female)* | Little Girl |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth,* | May 4th 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Frederick Ave No. 58 |
| 5. *Full Name of Mother,* | Mrs. Eilinsfeild |
| 6. *Mother's Maiden Name,* | Mein. Bauer |
| 7. *Mother's Birthplace,* | Born in Baltimore |
| 8. *Full Name of Father,* | Mr John Eilinsfeild |
| 9. *Father's Occupation,* | Sadler by Trade |
| 10. *Father's Birthplace,* | Born in Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Killer |
| *Address,* | 1017. West Pratt st city |
| *Remarks,* | |

TY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71231

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 9 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 3 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 8th of May 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 2 Nathony Street |
| 5. *Full Name of Mother,* | Maggie Dafler |
| 6. *Mother's Maiden Name,* | Maggie Gemph |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Frank Dafler |
| 9. *Father's Occupation,* | Wheelright |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Lesser |
| *Address,* | No 172 Hanford Ave |
| *Remarks,* | Baltimore Md. 1884 |

...duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and pen[illegible]s are recoverable.

...TY PRINTERS AND STATIONERS.

7/1232

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 10 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Child.

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 4 of May
4. *Place of Birth (Street and Number)* No 254 Porter st.
5. *Full Name of Mother* Molley Green.
6. *Mother's Maiden Name* Molley McKickle.
7. *Mother's Birthplace* Harred County.
8. *Full Name of Father* James Green.
9. *Father's Occupation* a Labor.
10. *Father's Birthplace* in Estonia Roland

*Name of Medical Attendant, or other Person who makes this Return.* Midwife Theresa Geller

*Address* No 34. Bedelle Alley.

*Remarks*

name of the mother of such child or children.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 4th May |
| 4. *Place of Birth, (Street and Number)* | 98 Leicester |
| 5. *Full Name of Mother,* | Martha White |
| 6. *Mother's Maiden Name,* | Martha Bryan |
| 7. *Mother's Birthplace,* | Country |
| 8. *Full Name of Father,* | Samuel White |
| 9. *Father's Occupation,* | Captain |
| 10. *Father's Birthplace,* | Liverpool |
| *Name of Medical Attendant,* or other Person who makes this Return | Med E. Bryan |
| *Address,* | No 192 Leicester |
| *Remarks,* | |

MAY 10 1881 BALTIMORE

...Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 1234

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

VITAL STATISTICS
MAY
12
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 of May

4. Place of Birth, (Street and Number) 76 Louisian Street

5. Full Name of Mother, Sensen Reynolds

6. Mother's Maiden Name, = Wells

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wilhelm Reynolds

9. Father's Occupation, Iron Trimmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. G. Behnken

Address, 54 Essex St

Remarks, Bolt

its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

# RETURN OF A BIRTH

71235

HEALTH DEPARTMENT MAY 5 1883 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Saloman Skanozey

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Born the 19 of June 1883
4. *Place of Birth, (Street and Number)* No 377 West Street
5. *Full Name of Mother,* Louisen Boss
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Carroline County
8. *Full Name of Father,* Benjiman Boss
9. *Father's Occupation,* Scowman
10. *Father's Birthplace,* Dorchester County Md

*Name of Medical Attendant,* or other Person who makes this Return. Annie Thomson

*Address,*

*Remarks,*

# RETURN OF A BIRTH

71236

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 7 1904
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ᵗᵉ Child

Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, May the 5, 1884.

4. Place of Birth, (Street and Number) N. Dallas St. No. 47.

5. Full Name of Mother, Elisabetha Block

6. Mother's Maiden Name, Elisabetha Lein

7. Mother's Birthplace, Burggemünden. Gr. Hessen. Germany

8. Full Name of Father, Konrad Block.

9. Father's Occupation, Grocer

Father's Birthplace, Wurnfeld. Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks,

hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

# RETURN OF A BIRTH

71237

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 7 1904 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, May the 5. 1884

4. Place of Birth, (Street and Number) N. Dallas St. No. 193

5. Full Name of Mother, Olga Vanoll.

6. Mother's Maiden Name, Olga Franzbach

7. Mother's Birthplace, Berlau. P. Preussen. Gamany

8. Full Name of Father, Heinrich Vanoll.

9. Father's Occupation, Copper Smith

Father's Birthplace, Breslau, Pr. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26.

Remarks,

hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

71238

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5th 1884
4. *Place of Birth, (Street and Number)* 262 Pratt St
5. *Full Name of Mother,* julie hunt
6. *Mother's Maiden Name,* Wallace
7. *Mother's Birthplace,* Sommenet
8. *Full Name of Father,* George hunt
9. *Father's Occupation,* Saylor
10. *Father's Birthplace,* Sommenet

*Name of Medical Attendant,* or other Person who makes this Return Mrs Wiley

*Address.* No 12 Patterson Park av

*Remarks,*

...should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

71239

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

*No. of Child of Mother,* (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~)
3. *Date of Birth,* May 5th/884
4. *Place of Birth,* (*Street and Number*) 108 Forrest St.
5. *Full Name of Mother,* Rosa Ottaviano
6. *Mother's Maiden Name,* " Antonia
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Frank Ottaviano
9. *Father's Occupation,* Fruit Stand
10. *Father's Birthplace,* Italy

*Name of Medical Attendant,* or other Person who makes this Return. A Trapp Shertzer Md.

*Address,* 88 E. Baltimore St

*Remarks,* Instrumental

, PRINTER & STATIONER, BALT.

71240

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d~~, &c.) 4

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, 5 May 1884
4. Place of Birth, (Street and Number) 298 Howard
5. Full Name of Mother, Annie Marks
6. Mother's Maiden Name, Annie Leach
7. Mother's Birthplace, Usa
8. Full Name of Father, Wm Marks
9. Father's Occupation, Engineer on the Victor tug
10. Father's Birthplace, Usa

Name of Medical Attendant, or other Person who makes this Return Mary P Fleming

Address, 298 Howard St

Remarks,

...ing no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71241

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 5th
4. *Place of Birth, (Street and Number)* N. 70 North Arlington
5. *Full Name of Mother,* Emma M. Heimiller
6. *Mother's Maiden Name,* " " Starck
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo. Heimiller
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return M. A. Ledley

*Address,* 57 N. Schroder

*Remarks,*

...Y & CO., CITY PRINTERS AND STATIONERS.

71342

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th child.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Morning May 5th. 1884
4. *Place of Birth (Street and Number)* N. Eutaw St.
5. *Full Name of Mother* Liza Wright.
6. *Mother's Maiden Name* Liza Trance
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Wright
9. *Father's Occupation* Sailor.
10. *Father's Birthplace* St. Mary's Co.

*Name of Medical Attendant,* or other Person who makes this Return. France Granby

*Address* 237 Eutaw St.

*Remarks*

name of the mother of such child or children.

7124 (3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 8 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of May 1884
4. Place of Birth, (Street and Number) 397 East Pratt St City
5. Full Name of Mother, Henrietta Wacker
6. Mother's Maiden Name, Henrietta Schaer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Wacker
9. Father's Occupation, Shef Chandler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Barber Reiß Hebamme

Address, No 28 A Frinkstrit Baltimore

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71244

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 of May 1884
4. Place of Birth, (Street and Number) No 215 Whilliam St
5. Full Name of Mother, Sabina Wiltley
6. Mother's Maiden Name, Sabina Roman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charley Wiltley
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Greshaber

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

71945

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of May 1880
4. *Place of Birth, (Street and Number)* No 277 Hanover St
5. *Full Name of Mother,* Mary Morton
6. *Mother's Maiden Name,* Mary McMahon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Morton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sabina Grishaber

*Address,* No 120 West St

*Remarks,*

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

11346

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 5 May |
| 4. *Place of Birth, (Street and Number)* | 29 Albemarle |
| 5. *Full Name of Mother,* | Liggie Moore |
| 6. *Mother's Maiden Name,* | Foster |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Edward Moore |
| 9. *Father's Occupation,* | Labourer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 12 E. Lombard |
| *Remarks,* | |

... CITY PRINTERS AND STATIONERS.

71247

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Himself Card

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May the 5th
4. *Place of Birth, (Street and Number)* Booth St No 2
5. *Full Name of Mother,* Malinder Peters
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Anaplas Md
8. *Full Name of Father,* Lois Robinson
9. *Father's Occupation,* Wagon Driver
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return. Miss Anderson No 26

*Address,* Vincent St

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

71248

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 5th 84 |
| 4. *Place of Birth, (Street and Number)* | #350 S. Sharp St |
| 5. *Full Name of Mother,* | Emma Tumbleson |
| 6. *Mother's Maiden Name,* | " Wayne |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Frank Tumbleson |
| 9. *Father's Occupation,* | Baltimore |
| 10. *Father's Birthplace,* | Book-keeper |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Wood |
| *Address,* | #328 S. Eutaw St |
| *Remarks,* | |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71249

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 14 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* May the 3
4. *Place of Birth (Street and Number)* Cairo St No 6 betwen calhoun
5. *Full Name of Mother* Ellen tyler
6. *Mother's Maiden Name* Ellen walker
7. *Mother's Birthplace* Birkettsvill frederick C O M D
8. *Full Name of Father* Wesley tyler
9. *Father's Occupation* hoat carrier
10. *Father's Birthplace* frederick city M D

*Name of Medical Attendant,* or other Person who makes this Return. Yfeveretta Yfuiching

*Address* No 47 parrish Ally betwen Saratoga

*Remarks* fine helthy chilot mulberry

condition, whether still born or not, the full name, nativity, and residence of the parents, and the mother's name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

71250

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
6
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 6th 1884 |
| *4. Place of Birth (Street and Number)* | 27 Randall st |
| *5. Full Name of Mother* | Annie Crawford |
| *6. Mother's Maiden Name* | Annie Groves |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Jas Crawford |
| *9. Father's Occupation* | at B & O. R.R. |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | O. A. Cooke MD |
| *Address* | 110 Fort ave |
| *Remarks* | |

# RETURN OF A BIRTH

71251

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6th May 1884
4. *Place of Birth, (Street and Number)* 125 Montgomery
5. *Full Name of Mother,* Anne Downes
6. *Mother's Maiden Name,* Ford
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Sam Downes
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balt

*Name of Medical Attendant,* or other Person who makes this Return H W Webster

*Address,* 59 Bowers

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

CITER NAME ADDED 3-28-56 71252

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 7 1884 BALTIMORE.

George Frederick Lautenberger, 5th

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, May 6th 84.
4. Place of Birth, (Street and Number) 233. German St.
5. Full Name of Mother, Anna A. Lautenberger.
6. Mother's Maiden Name, Anna A. Ruhland.
7. Mother's Birthplace, Germany.
8. Full Name of Father, George Lautenberger.
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return John I. R. Kroger, M.D.

Address, 273. Lexington St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7125

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
8
1894
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 6 94

4. Place of Birth, (Street and Number). 11 Lisganthe St

5. Full Name of Mother. Rosa Newhoff

6. Mother's Maiden Name, Rosa Frank

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Max. Newhoff

9. Father's Occupation, Merchant

10. Father's Birthplace. Ohio

Name of Medical Attendant, or other Person who makes this Return Felix Jenkins

Address, 2 Cathedral St.

Remarks,

PRINTERS AND STATIONERS

7112 24

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, May 6, 1884

4. Place of Birth, (Street and Number) 88 Ann Street

5. Full Name of Mother, Alvertia Willard

6. Mother's Maiden Name, Alvertia Blake

7. Mother's Birthplace, Bill Willard Baltimore

8. Full Name of Father, Bill Willard Musician

9. Father's Occupation, Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Succendia Watford

Address, 130 Regester St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71255

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of May 1884
4. Place of Birth, (Street and Number) No 329 W. William St
5. Full Name of Mother, Maggie Baumiller
6. Mother's Maiden Name, Maggie Hart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Baumiller
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Greshaber

Address, No 128 W. Ext St

Remarks,

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

77256

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 10 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st " |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 6th 1884 |
| 4. *Place of Birth, (Street and Number)* | 568 S Charles St |
| 5. *Full Name of Mother,* | Annie H Johnson |
| 6. *Mother's Maiden Name,* | " " Higgins |
| 7. *Mother's Birthplace,* | Washington |
| 8. *Full Name of Father,* | John H Johnson |
| 9. *Father's Occupation,* | Glass Blower |
| 10. *Father's Birthplace,* | Sweeden |
| *Name of Medical Attendant,* or other Person who makes this Return | Theodore Cox M.D. |
| *Address,* | 146 Hanover |
| *Remarks,* | |

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71507

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eight |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 6 May 1884 |
| 4. *Place of Birth, (Street and Number)* | 229 Canton Av: Balto Md |
| 5. *Full Name of Mother,* | Amalie Larson |
| 6. *Mother's Maiden Name,* | Amalie Sahlquist |
| 7. *Mother's Birthplace,* | Stavanger Norway Europe |
| 8. *Full Name of Father,* | Lars Larson |
| 9. *Father's Occupation,* | Blacksmith |
| 10. *Father's Birthplace,* | Kobbervig Norway Europe |
| *Name of Medical Attendant,* or other Person who makes this Return | Ellen Smith |
| *Address,* | Youngstown 214 |
| *Remarks,* | |

HEALTH DEPARTMENT MAY 12 1884 BALTIMORE, MD.

PRINTERS AND STATIONERS

71258

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 7th 1884
4. *Place of Birth, (Street and Number)* 163 S. Howard st
5. *Full Name of Mother,* Martha Johnson
6. *Mother's Maiden Name,* Martha Dorsey
7. *Mother's Birthplace,* Colbert conty
8. *Full Name of Father,* Thomas Johnson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Colbert conty

*Name of Medical Attendant,* or other Person who makes this Return. Scholottie Williams

*Address,* 164 S. Howard st

*Remarks,* Five dollars

hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

71259

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 of May 1884
4. Place of Birth, (Street and Number) No 369 Light St
5. Full Name of Mother, Kate Junker
6. Mother's Maiden Name, Kate Meyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Junker
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabine Greshalace

Address, No 128 West St

Remarks,

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE

...should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 2-20-52

7126

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Mary ~~J. Will~~

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ter Kind

1. Sex, (state whether male or female) Madchen

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, Geboren 7ten Mayj, 1884.

4. Place of Birth, (Street and Number) No 31 Eastern Av

5. Full Name of Mother, Cath Will

6. Mother's Maiden Name, Cath (Haberkorn) Haberkam

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Georg Will

9. Father's Occupation, (Cabinet Maker) Schreiner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address. No 202. S. Fallon St

Remarks, Hebamme

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71261

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ~~female~~ 15 teen

1. [redacted], *(state whether male or female)* female

2. *Race or Color, (if not of the white race)* brown skin

3. *Date of Birth,* 7th of may

4. *Place of Birth, (Street and Number)* Gilbert St 28

5. *Full Name of Mother,* Henry Brisco

6. *Mother's Maiden Name,* Henry Brisco

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Edward Holiday

9. *Father's Occupation,* Hodcarier

10. *Father's Birthplace,* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return Lydia Somerville

*Address,* 18 Clinton avenue

*Remarks,*

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

11262.

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY 9 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7th '84
4. Place of Birth, (Street and Number) 161 N. Lombard st
5. Full Name of Mother, Carrie Jones
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return H. C. Chapman M.D.

Address, 161 N. Lombard pl.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7126

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 7 1884

4. Place of Birth, (Street and Number) Cuba St No 12

5. Full Name of Mother, Ernestine Kathniegt

6. Mother's Maiden Name, Ernestine Shafer

7. Mother's Birthplace, Germany

8. Full Name of Father, Fredick Kathniegt

9. Father's Occupation, Laboser

10. Fother's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Margret Ettel

Address, No 13 Cuba St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTER AND STATIONER.

71 2614

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 1 — 1884

4. Place of Birth, (Street and Number) 107 Ridgely

5. Full Name of Mother, Augusta Schwartz

6. Mother's Maiden Name, Wachsmuth Margaret

7. Mother's Birthplace, America

8. Full Name of Father, August Schwartz

9. Father's Occupation, Shoemaker

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the Births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

CITY PRINTERS AND STATIONERS.

71265

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 7th 1884
4. Place of Birth, (Street and Number) Chesnut St 61
5. Full Name of Mother, Eliza Webb
6. Mother's Maiden Name, Konig
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Webb
9. Father's Occupation, Lumber Driver
10. Father's Birthplace, Carrol Co. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs K. Ulrig

Address, 48 Hilliard St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

77266

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 May
4. *Place of Birth, (Street and Number)* 13 Albemarle
5. *Full Name of Mother,* Mary Homan
6. *Mother's Maiden Name,* Cerh
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Charles Homan
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return, Sarah Caspe

*Address,* 12. E. Lombard

*Remarks,*

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 71267

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 8 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May 8/84
4. *Place of Birth, (Street and Number)* 1 N French St
5. *Full Name of Mother* Hester Finney
6. *Mother's Maiden Name* " Briare
7. *Mother's Birthplace* Dublin Ireland
8. *Full Name of Father* Thomas C. Finney
9. *Father's Occupation* Musician
10. *Father's Birthplace* Newcastle England

*Name of Medical Attendant,* or other Person who makes this Return. Adnard J. McDevitt

*Address* 54 Aisquith St

*Remarks*

name of the mother of such child or children.

# RETURN OF A BIRTH, 71268

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* May 8th 1884

4. *Place of Birth, (Street and Number)* 1268 W. Biddle St.

5. *Full Name of Mother* Fannie Fitzpatrick,

6. *Mother's Maiden Name* Goode,

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Frank J. Fitzpatrick

9. *Father's Occupation* Merchant

*Father's Birthplace* New York

*Name of Medical Attendant, or other Person who makes this Return.* John Morris, M.D.

*Address* 5 Franklin St.

*Remarks*

name of the mother of such child or children.

# RETURN OF A BIRTH 7269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8th. 1884.

4. Place of Birth, (Street and Number) 84 Lancaster Street.

5. Full Name of Mother, Rosa Thomas

6. Mother's Maiden Name, Rosa Ehrmann

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Wm. L. Thomas

9. Father's Occupation, Tinner.

10. Father's Birthplace, Baltimore, Maryland.

Name of Medical Attendant, or other Person who makes this Return N. L. Dashiell Jr. M. D.

Address, 207 S. Broadway

Remarks,

Y PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71270

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 12 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st 1884 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 8th May |
| 4. *Place of Birth, (Street and Number)* | 30 3rd Ave Highland town |
| 5. *Full Name of Mother,* | Mary Ruppert |
| 6. *Mother's Maiden Name,* | Mary Dickson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Hermann Ruppert |
| 9. *Father's Occupation,* | Brick Maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. E. Gray |
| *Address,* | No 193 Chestnut St |
| *Remarks,* | |

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

71271

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 8th 1884
4. *Place of Birth (Street and Number)* 82 S. Broadway
5. *Full Name of Mother* — Aguilar
6. *Mother's Maiden Name* — —
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Joseph Aguilar
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. E W Eilan MD

*Address*

*Remarks*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

7272

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 12 1884 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | First |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | May 8th 1884 |
| 4. *Place of Birth* (Street and Number) | 137 Maryland Ave |
| 5. *Full Name of Mother* | Bailey McEwen |
| 6. *Mother's Maiden Name* | Alice R Bailey |
| 7. *Mother's Birthplace* | Maryland |
| 8. *Full Name of Father* | James W. McEwen |
| 9 *Father's Occupation* | Laborer - Car driver |
| 10. *Father's Birthplace* | England |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno. H. Smith M.D. |
| *Address* | 281 S. Charles St. |
| *Remarks* | Mat. Leak. |

71273

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8th
4. Place of Birth, (Street and Number) Cor of President and Eastern ave
5. Full Name of Mother, Helena Pepper
6. Mother's Maiden Name, " " Schelstett
7. Mother's Birthplace, Germany
8. Full Name of Father, August Pepper
9. Father's Occupation, Tavern Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Sieman

Address, No 70 Granby St.

Remarks,

HEALTH DEPARTMENT MAY 12 1884 BALTIMORE, MD.

...ch the other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

7127

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUN 10 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 9th 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 146 Portland st |
| 5. *Full Name of Mother,* | Elisabeth Heinz |
| 6. *Mother's Maiden Name,* | Marckgott |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Carl Heinz |
| 9. *Father's Occupation,* | Machinist |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwarzer midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

Every physician or other person in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
DEC 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th of May 1884
4. Place of Birth, (Street and Number) 14 South Castle Street
5. Full Name of Mother, Ellen Hayle
6. Mother's Maiden Name, Ellen Barnes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Willie Barnes
9. Father's Occupation, Laborman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 71 North Chapel Street for Justina Kunkel

Remarks, Healthy

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71276

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* ~~2~~ 9 Stay
4. *Place of Birth, (Street and Number)* 277 Chaptang
5. *Full Name of Mother,* Christina Bloom
6. *Mother's Maiden Name,* Meyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Bloom
9. *Father's Occupation,* Brick-layer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casker

*Address,* 72. E. Lombard

*Remarks,*

birth of any child shall fail without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7127

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 9th, 1884.

4. Place of Birth, (Street and Number) No 164 N Chester St.

5. Full Name of Mother, Ellen E. Tarlton.

6. Mother's Maiden Name, " " Jones

7. Mother's Birthplace, St Marys Co. Md.

8. Full Name of Father, George Tarlton Jr.

9. Father's Occupation, Can. Maker.

10. Father's Birthplace, St Marys Co. Md.

Name of Medical Attendant, or other Person who makes this Return J. E. Heard, M. D.

Address, 216 E. Monument St.

Remarks,

TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7298

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 9th 1894

4. Place of Birth, (Street and Number) 654 Druid Hill Ave

5. Full Name of Mother, Catherine Suter

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Ireland

8. Full Name of Father, George Suter

9. Father's Occupation, Car driver

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Chas E Seattle

Address, 565 Druid Hill Ave

Remarks,

TV PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7 1 2 7 9

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1884 BALTIMORE

1884

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 9th |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | May 10th |
| 4. Place of Birth, (Street and Number) | 111 Sterling Street |
| 5. Full Name of Mother, | Bridget Sinnott |
| 6. Mother's Maiden Name, | Bridget Minton |
| 7. Mother's Birthplace, | Ireland |
| 8. Full Name of Father, | John Sinnott |
| 9. Father's Occupation, | Saloon |
| 10. Father's Birthplace, | Ireland |
| Name of Medical Attendant, or other Person who makes this Return | D V Moyer MD |
| Address, | 192 Aisquith St |
| Remarks, | City |

ANY & CO., CITY PRINTERS AND STATIONERS

7148

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable. Such offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3. Child |
| 1. *Sex, (state whether male or female)* | Little. Girl |
| 2. *Race or Color, (if not of the white race)* | White. Race |
| 3. *Date of Birth,* | 10th May. 1884. |
| 4. *Place of Birth, (Street and Number)* | Baltimore ~~Canton~~ Lemmon st 105 |
| 5. *Full Name of Mother,* | Mrs. Zenberg Prussia raderen |
| 6. *Mother's Maiden Name,* | Miss. Wielmine. Lietz |
| 7. *Mother's Birthplace,* | Born. Germany. Preussen |
| 8. *Full Name of Father,* | ~~Born~~ Mrs. zenenberg |
| 9. *Father's Occupation,* | Labor by trade |
| 10. *Father's Birthplace,* | Proving westpuria |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Killer |
| *Address,* | 1017. west Pratt st city |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

71281

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY
13
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First—

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 84
4. Place of Birth, (Street and Number) #161 W Lombard st—
5. Full Name of Mother, Virginia Bell.
6. Mother's Maiden Name, "
7. Mother's Birthplace, Virginia "
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D.

Address. #161 W. Lombard St

Remarks.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars ... such offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71282

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10th 84
4. *Place of Birth, (Street and Number)* # 212 S. Eutaw St.
5. *Full Name of Mother,* Annie Reckert
6. *Mother's Maiden Name,* " Lohman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Reckert
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary Krol

*Address,* # 328 S. Eutaw St.

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollar[illegible] each offence, to be recovered as other fines and pen[illegible] are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 10 May |
| 4. *Place of Birth, (Street and Number)* | 32½ Pratt. |
| 5. *Full Name of Mother,* | Henriette Bolan |
| 6. *Mother's Maiden Name,* | Ritter |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Robert Bolan |
| 9. *Father's Occupation,* | Cigar-maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 92 E. Lombard |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 1 284

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
12
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 d Collard |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 8 Oclock 10 of May P. M. |
| 4. *Place of Birth, (Street and Number)* | No 4 Peach alley |
| 5. *Full Name of Mother,* | Mary Howes |
| 6. *Mother's Maiden Name,* | Mar Bayle |
| 7. *Mother's Birthplace,* | Esio Colnty Va |
| 8. *Full Name of Father,* | Jefferson Howes |
| 9. *Father's Occupation,* | Stevedor Norfolk Wharf |
| 10. *Father's Birthplace,* | Lancaster County Va |
| *Name of Medical Attendant,* or other Person who makes this Return. | Aquilla White |
| *Address,* | 46 King Street |
| *Remarks,* | O K. |

of the parents, and the maiden name of the mother of such child or children.

. FIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY
12
1884
BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 and 5 th Child

1. Sex, (state whether male or female) Girl Twin.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th of May 1884.
4. Place of Birth, (Street and Number) 44 North Duncan Alley.
5. Full Name of Mother, Josefina Kin
6. Mother's Maiden Name, Josefina Kutchenreiter
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Mick Kutchenreiter
9. Father's Occupation, Laborman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 11 North Chapel that for Justina Kunkel

Remarks, Healthy.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11286

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 14 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th of May 1884.
4. Place of Birth, (Street and Number) 109 East Hamstead Strit.
5. Full Name of Mother, Maggie Kamp.
6. Mother's Maiden Name, Maggie Basham.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Basham.
9. Father's Occupation, Machinist.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 11 North Chapel Strat for Justina Kunkel.

Remarks, Delyet.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7287

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 13 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 May
4. Place of Birth, (Street and Number) 123 N. High
5. Full Name of Mother, Mary Salavan
6. Mother's Maiden Name, O'Leare
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Salavan
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7288

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 May
4. Place of Birth, (Street and Number) 15 Gough
5. Full Name of Mother, Katie Strayler
6. Mother's Maiden Name, Ringstorf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Strayler
9. Father's Occupation, Taylor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Carter

Address, 72 E. Lombard

Remarks,

CITY PRINTERS AND STATIONERS.

71289

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 May
4. *Place of Birth, (Street and Number)* 63 Lombard
5. *Full Name of Mother,* Manda Sneider
6. *Mother's Maiden Name,* Sheierman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Sneider
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7/290

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY 12 1884
BALTIMORE, MD.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)*

*3. Date of Birth* May 11th 1884

*4. Place of Birth (Street and Number)* 113 N. Calvert

*5. Full Name of Mother* Mary Ellwood

*6. Mother's Maiden Name* Mary Ward

*7. Mother's Birthplace* W. Virginia

*8. Full Name of Father* Truman Ellwood (Ellwood)

*9. Father's Occupation* Merchant

*10. Father's Birthplace* Maryland

*Name of Medical Attendant, or other Person who makes this Return.* Geo. H. Reynolds M.D.

*Address* 171 N. Calvert St

*Remarks*

of the parents, and the maiden name of the mother of such child or children

71291

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 1884 BALTIMORE

| | |
|---|---|
| [illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1 ~~Born May 12 1884~~ |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | Color |
| 3. Date of Birth, | Born May 12 1884 |
| 4. Place of Birth, (Street and Number) | Little Goes St at No. 31 |
| 5. Full Name of Mother, | Gogam Brown |
| 6. Mother's Maiden Name, | |
| 7. Mother's Birthplace, | Baltimore Maryland |
| 8. Full Name of Father, | Henry Nichole |
| 9. Father's Occupation, | Porter |
| 10. Father's Birthplace, | Easton Maryland |
| Name of Medical Attendant, or other Person who makes this Return | Lucy Corrine Gordon alley 13 |
| Address, | |
| Remarks, | |

LANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71592

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 2d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White the 12 of May 1884
3. *Date of Birth,* The 10 of May 1884
4. *Place of Birth, (Street and Number)* No 148 Lombard St
5. *Full Name, of Mother,* Maggie Ebert
6. *Mother's Maiden Name,* Maggie Rittenhoff
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Anton Ebert
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Ch Sauer

*Address,* No 173 Hanford Ave

*Remarks,* Baltimore Md 1884

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offence, to be recovered as other fines and penalties are recoverable.

...NTY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7/1293

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
14
1884
BALTIMORE

*No. of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 5th

1. *Sex*, (*state whether male or female*) F
2. *Race or Color*, (*if not of the white race*) W
3. *Date of Birth*, May 12 1884
4. *Place of Birth*, (*Street and Number*) 512 Mulberry
5. *Full Name of Mother*, M McFee
6. *Mother's Maiden Name*, Wall
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Henry B. McFee
9. *Father's Occupation*, Merchant
10. *Father's Birthplace*, Baltimore

*Name of Medical Attendant*, or other Person who makes this Return — Richard McSherry M.D.

*Address*, 189 N Howard Street

*Remarks*,

TY PRINTERS AND STATIONERS

71294

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 13 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 12th 1884
4. *Place of Birth, (Street and Number)* Peach Alley near Stockholm
5. *Full Name of Mother,* Mary Deckert
6. *Mother's Maiden Name,* Mary Krosh
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Frederick J. Deckert
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return MB Bolander

*Address,* 20 Stockholm

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

11395

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 13 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 May
4. Place of Birth, (Street and Number) 10 Gough
5. Full Name of Mother, Kate Gallagan
6. Mother's Maiden Name, Malona
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Gallagan
9. Father's Occupation, Labourer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 92. E. Lombard

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71296

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 3d Child

1. *Sex, (state whether male or female)* Females Twins Both Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 13 of May 1884
4. *Place of Birth, (Street and Number)* No 46 Somerset St
5. *Full Name of Mother,* Mary Reed
6. *Mother's Maiden Name,* Mary Ernst
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Reed
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Ch Lane

*Address,* No 173 Hanford Ave

*Remarks,* Baltimore Md

1884

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71297

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2' 1884
4. *Place of Birth, (Street and Number)* 42 N Fayette
5. *Full Name of Mother.* Mary W Linck
6. *Mother's Maiden Name,* " " Wenrich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred. G. Linck
9. *Father's Occupation,* Dyer & Scourer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return D. Sheeff M.D.

*Address,* 143 N Exeter-21

*Remarks,*

...TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 5
4. Place of Birth, (Street and Number) 191 N Bond st
5. Full Name of Mother, Annie Moore
6. Mother's Maiden Name, " Harryman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nelson Moore
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Isabella Clark

Address, 183 N Eden st

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71299

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 15 1898 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 and

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 8th
4. *Place of Birth, (Street and Number)* 115 Conway st
5. *Full Name of Mother,* Louisa Jones
6. *Mother's Maiden Name,* " Fohs
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Winfield Jones
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return C. L. Buddenbohn M.D.

*Address,* 166, S. Paca st.

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

71300

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or ~~Female~~)* | |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May. 11. 1884 |
| *4. Place of Birth (Street and Number)* | 12. E. Baltimore St |
| *5. Full Name of Mother* | Mary L. Ford |
| *6. Mother's Maiden Name* | " " Graves |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Williams Ford, |
| *9. Father's Occupation* | Steward |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | Chas. H. Thomas M.D. |
| *Address* | 66. E. Baltimore St. |
| *Remarks* | |

# RETURN OF A BIRTH

71301

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 st. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | born 11 th of May |
| 4. *Place of Birth, (Street and Number)* | Baltimore Saratoga st No. 169 |
| 5. *Full Name of Mother,* | Elisabeth Hellings |
| 6. *Mother's Maiden Name,* | " Wolf |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles J. Hellings |
| 9. *Father's Occupation,* | Telegraph Operator |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return* | Mrs. Maennel |
| *Address,* | 228 Saratoga str. Midwife. |
| *Remarks,* | |

JULIANY & CO., CITY PRINTERS AND STATIONERS.

71302

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 3rd |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | May 11 - 1884 |
| 4. Place of Birth (Street and Number) | 248 N. Eutaw St. |
| 5. Full Name of Mother | Elizabeth B. Moseley |
| 6. Mother's Maiden Name | Riley |
| 7. Mother's Birthplace | Baltimore |
| 8. Full Name of Father | Wm E. Moseley |
| 9. Father's Occupation | Physician |
| 10. Father's Birthplace | Massachusetts |
| Name of Medical Attendant, or other Person who makes this Return. | Wm E. Moseley M.D. |
| Address | 248 N. Eutaw St. |
| Remarks | |

Child lived but a few hours owing to failure of closure of foramen ovale.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 11th |
| 4. *Place of Birth, (Street and Number)* | 252 N. Fayette |
| 5. *Full Name of Mother,* | Caroline Scheer |
| 6. *Mother's Maiden Name,* | Käsemeier |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Felder Scheer |
| 9. *Father's Occupation,* | Teacher |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | C. L. Buddenbohn M.D. |
| *Address,* | 166 S. Paca St. |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 12th 1884
4. Place of Birth, (Street and Number) 37 Little McElderry st.
5. Full Name of Mother, Hannah Seigel
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Solomon Siegel
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Meyer Bernstein

Address, 43 E Lombard st.

Remarks,

CITY PRINTERS AND STATIONERS.

71305

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th 1884 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 12 May |
| 4. *Place of Birth, (Street and Number)* | 137 Duncan St. |
| 5. *Full Name of Mother,* | Ana Miller |
| 6. *Mother's Maiden Name,* | Ana Mimmie |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Miller |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. E. Gray |
| *Address,* | No. 193 Chester St. |
| *Remarks,* | |

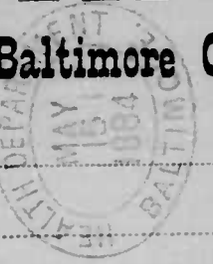
should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

71306

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**




No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13th 1884
4. Place of Birth, (Street and Number) #161 W Lombard st.
5. Full Name of Mother, Lanna Burk
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return N. C. Chapman M.D.

Address, #161 W Lombard st.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71307

# RETURN OF A BIRTH.

HEALTH DEPARTMENT BALTIMORE MD. DEC 1884

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (~~state whether~~ male ~~or female~~)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 5.13.84
4. *Place of Birth (Street and Number)* 365 Mulberry St
5. *Full Name of Mother* Eliz. A. Jackson
6. *Mother's Maiden Name* Groff
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Henry A. Jackson
9. *Father's Occupation* Supervisor Sp. St. Asylum
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. W. H. Eastman

*Address* 849 Lexington

*Remarks* Natural

# RETURN OF A BIRTH

76308

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents o' such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 13. 1884 |
| 4. *Place of Birth, (Street and Number)* | 79 Johnson st |
| 5. *Full Name of Mother,* | Lizzie Bailey |
| 6. *Mother's Maiden Name,* | Lizzie Tanner |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Tanner |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Anna Hack |
| *Address,* | |
| *Remarks,* | |

HEALTH DEPARTMENT MAY 1884 BALTIMORE

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71309

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 2

[redacted] Sex, (~~state whether male or~~ female)

2. Race or Color, (if not of the white race)

3. Date of Birth, May 14th 1884

4. Place of Birth, (Street and Number) 51 N Bond St

5. Full Name of Mother, Laura Virginia Helms

6. Mother's Maiden Name, Laura Virginia Wales

7. Mother's Birthplace, Anne Arundel Co Md

8. Full Name of Father, Cyrus Helms

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Balti Co

[redacted] Name of Medical Attendant, or other Person who makes this Return E L Walls

Address, 57 N Bond St

Remarks, Little over seven months very small child

of the parents, and the maiden name of the mother of such child or children."

KULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

7 1 3 10

HEALTH DEPARTMENT BALTIMORE MAY 15 1884

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | |
| 3. *Date of Birth* | May 14th 1884 |
| 4. *Place of Birth (Street and Number)* | # 6 Church St |
| 5. *Full Name of Mother* | Mrs Geo. H. Austin |
| 6. *Mother's Maiden Name* | May Berkley |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Geo H. Austin |
| 9. *Father's Occupation* | Paper Hanger |
| 10. *Father's Birthplace* | Washington |
| *Name of Medical Attendant, or other Person who makes this Return.* | F. W. Clark |
| *Address* | Balto – Gen. Dispensary |
| *Remarks* | |

71311

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14 - 1884
4. *Place of Birth, (Street and Number)* #161 W. Lombard st
5. *Full Name of Mother,* Annie Mulholland
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

*Name of Medical Attendant,* or other Person who makes this Return W. C. Chapman M.D.

*Address,* #161 W Lombard st

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person of persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and pen[illegible] are recoverable.

CITY PRINTERS AND STATIONERS.

7/312

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | April. 3. 1884 |
| *4. Place of Birth (Street and Number)* | 338 Cherry St |
| *5. Full Name of Mother* | Mary E Finnegan |
| *6. Mother's Maiden Name* | " " Auton |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | John Finnegan |
| *9. Father's Occupation* | Brass Finisher |
| *10. Father's Birthplace* | Scotland |
| *Name of Medical Attendant, or other Person who makes this Return.* | A. H. Thomas, M.D. |
| *Address* | 66 E Baltimore St |
| *Remarks* | |

# RETURN OF A BIRTH

7131

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 17th 1884

4. *Place of Birth, (Street and Number)* 158 S. Fremont

5. *Full Name of Mother,* Dorothea Brücklein

6. *Mother's Maiden Name,* " Schelling

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Louis Brücklein

9. *Father's Occupation,* Cigar packer

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return C. L. Buddenbohn M.D.

*Address,* 166 S. Paca st.

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

71314

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 19
4. *Place of Birth, (Street and Number)* Central ave
5. *Full Name of Mother,* Augusta Thomas
6. *Mother's Maiden Name,* Borm.
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* John R Thomas
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Kreis, Nidda grosherzoctum hessen darmstadt Prussia

*Name of Medical Attendant,* or other Person who makes this Return Isbella Oliver.

*Address,* 183 N Eden st

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# NOTICE

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# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 20th 1884
4. Place of Birth, (Street and Number) 27 Watson st.
5. Full Name of Mother, Sarah Pinneman
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Moses Pinneman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs C. Bernstein

Address, 112 E. Lombard st.

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71316

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6 |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | |
| 3. Date of Birth | April 21, 1884 |
| 4. Place of Birth (Street and Number) | 4 Frederal St. |
| 5. Full Name of Mother | Fannie N. Hartley |
| 6. Mother's Maiden Name | " " Ensor |
| 7. Mother's Birthplace | Maryland |
| 8. Full Name of Father | Daniel C Hartley |
| 9. Father's Occupation | Black Smith |
| 10. Father's Birthplace | Maryland |
| Name of Medical Attendant, or other Person who makes this Return. | C. H. Thomas M.D. |
| Address | 66 E Baltimore St |
| Remarks | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 3-15-51 71317

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

Name: Hamie Snyder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 22nd 1884
4. Place of Birth, (Street and Number) 436 Lombard st.
5. Full Name of Mother, ~~Hannah~~ Snyder
6. Mother's Maiden Name,
7. Mother's Birthplace, Rufsia
8. Full Name of Father, Morris ~~Snyder~~ Snyder
9. Father's Occupation, Tailor
10. Father's Birthplace, Rufsia

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address 436 Lombard st.

Remarks,

...

...

...

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71318

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 24th 1884
4. *Place of Birth, (Street and Number)* 230 Chestnut st.
5. *Full Name of Mother,* Bertha Forstadt
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Joseph Forstadt
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other Person who makes this Return Mrs C. Bernstein

*Address,* 113 E. Lombard st.

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dol[illegible] for each offence, to be recovered as other fines and p[illegible]s are recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

74319

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* April 28th 1884

4. *Place of Birth, (Street and Number)* 21 Albemarle St.

5. *Full Name of Mother,* Ida Baerman

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Morris Baerman

9. *Father's Occupation,* Peddler

10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other Person who makes this Return Max C. Bernstein

*Address,* 113 E. Lombard St.

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71320

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 15 1886 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29th
4. *Place of Birth, (Street and Number)* 45 Columbia Av.
5. *Full Name of Mother,* Maria E. Mumsen
6. *Mother's Maiden Name,* " " Plack
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George E. Mumsen
9. *Father's Occupation,* Book-keeper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return C. S. Buddenbohn M.D.

*Address,* 166 S. Paca

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

71321

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 30th 1884
4. *Place of Birth, (Street and Number)* 145 Forrest st.
5. *Full Name of Mother,* Dora Goldman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Charles Goldman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other Person who makes this Return Mrs C Bernstein

*Address,* 1136 Lombard st.

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71322

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25 1884
4. *Place of Birth, (Street and Number)* 204 N. Cary St
5. *Full Name of Mother,* Lilly E. Norman
6. *Mother's Maiden Name,* E. Woods
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Geo. Norman
9. *Father's Occupation,* Wire Good Manf,
10. *Father's Birthplace,* Newark N. Jersey

*Name of Medical Attendant,* or other Person who makes this Return H. S. Shiadtad

*Address,* 387 N Lombard St.

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

71323

To t[illegible] altimore City.

No. of

1. Sex,

2. Race

3. Date

4. Place

5. Full

6. Moth

7. Moth

8. Full

9. Fath

10. Fath

Nam

Addr

Rem

Mr James Lavery
Co Down Ireland
Mary Ann Lavery
Co Down Ireland
Male Child
Born May 9/8 84
15 Weberster alley

Mary Jane Crumish
36 vally st

Shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Co., City Printers and Stationers.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, May the 9th
4. Place of Birth, (Street and Number) Baltimore grindall st No 3a
5. Full Name of Mother, Emma norfolk
6. Mother's Maiden Name, Richardson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sylvester norfolk
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Elizabeth Hathorn

Address, William st No 344

Remarks,

HEALTH DEPARTMENT MAY 18 1897 BALTIMORE

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, as should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, May 9th
4. Place of Birth, (Street and Number) Baltimore grindall st c/o 5a
5. Full Name of Mother, Emma norfolk
6. Mother's Maiden Name, Richardson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sylvester norfolk
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Elizabeth Hathorn

Address, william st c 3rd

Remarks,

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71325

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

MAY 15 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 11 1894 |
| 4. *Place of Birth, (Street and Number)* | 104 Scott St |
| 5. *Full Name of Mother,* | Fannie Beck |
| 6. *Mother's Maiden Name,* | Fannie Hagan |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Seneca P Beck |
| 9. *Father's Occupation,* | Iron moulder |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return | Leo R Graham M D |
| *Address,* | 136 Columbia ave |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

71356

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2ter Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 14. 1884
4. *Place of Birth, (Street and Number)* E. Fayette St. No. 235
5. *Full Name of Mother,* Kathe Wohlgemuth
6. *Mother's Maiden Name,* Kathe Eckel
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Jakob Wohlgemuth
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balt. City

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Müller

*Address,* N. Dallas St. No. 26

*Remarks,*

...ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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# RETURN OF A BIRTH

71326
71327

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether male ~~or female~~),*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 26th, 1894
4. *Place of Birth, (Street and Number)* N. Castle St. No 151
5. *Full Name of Mother,* Christine Maldeis
6. *Mother's Maiden Name,* Christine Horn
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Herman Maldeis
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Miller

*Address,* N. Dallas St. No 26

*Remarks,*

ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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71328

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 15, 1884
4. *Place of Birth, (Street and Number)* Orleans St. No. 161.
5. *Full Name of Mother,* Sarah Trott
6. *Mother's Maiden Name,* Sarah McDevitt
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Thomas Trott
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Balto County

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Müller

*Address,* N. Dallas St. No. 26.

*Remarks,*

...ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...o., City Printers and Stationers.

71329

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 1st 1884
4. *Place of Birth, (Street and Number)* #11 Williams St
5. *Full Name of Mother,* Emma Hill
6. *Mother's Maiden Name,* " Shipler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George E. Hill
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Anne Arundel Co. Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Dana Hillegeist

*Address,* #182 E. Monument St.

*Remarks,*

ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Co., City Printers and Stationers.

71330

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2nd 1884
4. *Place of Birth, (Street and Number)* #178 W. Front St.
5. *Full Name of Mother,* Kate Courtney
6. *Mother's Maiden Name,* " Clark
7. *Mother's Birthplace,* England
8. *Full Name of Father,* John Courtney
9. *Father's Occupation,* Arab
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Anna Hillegeist

*Address,* #182 E. Monument St.

*Remarks,*

ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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71331

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th. Child |
| 1. *Sex (state whether male or female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | 9th May |
| 4. *Place of Birth (Street and Number)* | 105 W. Middle St |
| 5. *Full Name of Mother* | Maggie Roulston |
| 6. *Mother's Maiden Name* | " McLean |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Robt Roulston |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace* | North of Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | None |
| *Address* | Mrs Lane Gray |
| *Remarks* | Robt Roulston |

...mercarter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

71332

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7th 1884
4. *Place of Birth, (Street and Number)* 305 Mc Donough St.
5. *Full Name of Mother,* Anna [illegible]
6. *Mother's Maiden Name,* " Wiesner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Richard [illegible]
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Anna Hillegeist

*Address,* 182 E. Monument St.

*Remarks,*

ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and [illegible]ties are recoverable.

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71335

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 15 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27th 1884
4. *Place of Birth, (Street and Number)* #12 Somerset St.
5. *Full Name of Mother,* Elizabeth Berger
6. *Mother's Maiden Name,* " Gocke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John L. Berger
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Dena Hillegeist

*Address,* #182 E. Monument St.

*Remarks,*

ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Co., City Printers and Stationers.

71334

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28th 1884
4. *Place of Birth, (Street and Number)* 190 N. Front St.
5. *Full Name of Mother,* Ellen Sullivan
6. *Mother's Maiden Name,* " Cull
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Michael Sullivan
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* England

*Name of Medical Attendant,* or other Person who makes this Return. Madeira Allegeist

*Address,* 182 E. Monument St.

*Remarks,*

shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& Co., City Printers and Stationers.

71336

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BOARD OF HEALTH MAY 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First one

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 18th 1884
4. *Place of Birth, (Street and Number)* No. 6. St. Peters St. Balto Md.
5. *Full Name of Mother,* Amelia Doetsch
6. *Mother's Maiden Name,* Amelia Mainz
7. *Mother's Birthplace,* ~~Matthew, A. Doetsch~~ Balto. Md
8. *Full Name of Father,* Matthew, A. Doetsch
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Balto. Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Dumler,

*Address,* 60 North Schroeder St.

*Remarks,*

[illegible] CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71336

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 15 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 21st 1884
4. Place of Birth, (Street and Number) 396 N. Lombard St
5. Full Name of Mother, Minnie Fullum
6. Mother's Maiden Name, Magus
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Fullum
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mrs. Dunbar

Address, Co. N Schroder St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [redacted] within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [redacted] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

71337

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MAY 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wednesday Apl 23
4. *Place of Birth, (Street and Number)* No 89 N Pine St cor Pierce St
5. *Full Name of Mother,* Miss Julia Kothe
6. *Mother's Maiden Name,* " " Schneider
7. *Mother's Birthplace,* Ballo Md
8. *Full Name of Father,* Geo Kothe
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Ballo Md

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Annie Dunkle

*Remarks,* co North Schneider St.

place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible]ents of such child to report its birth to the Board of Health, in the manner, and within the period abo[illegible]quired, except in the cases of the births and deaths [illegible] illegitimate children, and any person or persons [illegible]o shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

71338

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 23d 84
4. Place of Birth (Street and Number) 47 Albemarle
5. Full Name of Mother Fernandine Urban
6. Mother's Maiden Name Groll
7. Mother's Birthplace Germany
8. Full Name of Father John Urban
9. Father's Occupation Tavern Keeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. J. Kathrien, M.D.

Address 245 S. Baltimore St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or chil

71339

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Twinns

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th of April
4. Place of Birth, (Street and Number) 17 Lawson St.,
5. Full Name of Mother, Magie Kunz
6. Mother's Maiden Name, " " Keilbach
7. Mother's Birthplace, Erlebach, Bavaria,
8. Full Name of Father, Peter Kunz
9. Father's Occupation, ~~Sargenrotch, Prussia~~, 17 Lawso St.
10. Father's Birthplace, Sargenrotch, Prussia

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Annie Dunder.

Remarks, 60 North Schroeda St.

HEALTH DEPARTMENT 16 1884 BALTIMORE

CO., CITY PRINTERS AND STATIONERS.

71340

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. ~~Race or Color~~, (if not of the white race) White
3. Date of Birth, May 3d 10 P.m.
4. Place of Birth, (Street and Number) 752 W Pratt St
5. Full Name of Mother, Louisa Bertha Sommers
6. Mother's Maiden Name, " " " " Kelber
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Andrew Sommers
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Dunmler.

Remarks, 60 Perth Schroeder St.

CO., CITY PRINTERS AND STATIONERS.

71341

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 16 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3rd of May
4. *Place of Birth, (Street and Number)* 12 Penn St
5. *Full Name of Mother,* Geneive L. Fuller
6. *Mother's Maiden Name,* Geneive L. Maisel
7. *Mother's Birthplace,* Washington D C
8. *Full Name of Father,* John Joseph Fuller
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Annie Dunder

*Remarks,* at Porth Schroeder St,

Place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parents or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71342

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

BALTIMORE MAY 1884 MARYLAND

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child.

1. Sex, (state whether male or female) male child

2. Race or Color, (if not of the white race) Colored child

3. Date of Birth, May 6 1884

4. Place of Birth, (Street and Number) No 8 Parish alley

5. Full Name of Mother,

6. Mother's Maiden Name, Julia Jaskins

7. Mother's Birthplace, Westminster Md

8. Full Name of Father, Large montague

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return Mary E Jones

Address, No 17 Wadsworth St

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A. GUY, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71343

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 — 11 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White — |
| 3. *Date of Birth,* | May 10. 1894 |
| 4. *Place of Birth, (Street and Number)* | 18 Hollins St |
| 5. *Full Name of Mother,* | Bettie Heinemann |
| 6. *Mother's Maiden Name,* | Bettie Sonnebern |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Marcus Heinemann |
| 9. *Father's Occupation,* | Cigar manufacturer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | J. B. Arnold MD |
| *Address,* | |
| *Remarks,* | |

HEALTH DEPARTMENT MAY 16 1894 BALTIMORE

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH.

71 3414

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
17
1884
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth May 11 - 1884
4. Place of Birth (Street and Number) 26 McMechen St
5. Full Name of Mother Richard Moore
6. Mother's Maiden Name " Turner
7. Mother's Birthplace Maryland
8. Full Name of Father Sam Moore
9. Father's Occupation Coachman
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. C. Fawcett M.D.

Address 72 Mosher St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and t[illegible] maiden name of the mother of such child or chil[illegible]

# RETURN OF A BIRTH

71345

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 11 1884
4. *Place of Birth, (Street and Number)* Montgomery St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Ann Morgan
7. *Mother's Birthplace,* Somerset Co
8. *Full Name of Father,* Jhon Morgan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Dor Chester Co

*Name of Medical Attendant,* or other Person who makes this Return Sarah Jane Wilson

*Address,* 2 G 2 Hughes St

*Remarks,*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH, 71346

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* 11th of May
4. *Place of Birth, (Street and Number)* 274 Howard St
5. *Full Name of Mother* Mernerver Merream
6. *Mother's Maiden Name* Mernerver Johnson
7. *Mother's Birthplace* Innerralnal Co.
8. *Full Name of Father* John Merream
9. *Father's Occupation* Schourman
10. *Father's Birthplace* Cambridge

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* 17 Chelina St

*Remarks*

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 71347

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d and 3d |
| 1. *Sex (state whether male or female)* | Male. Female |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth* | May 11/84 |
| 4. *Place of Birth, (Street and Number)* | No 729 Hanover St. |
| 5. *Full Name of Mother* | Annie B Graf |
| 6. *Mother's Maiden Name* | " " Trockenbrod |
| 7. *Mother's Birthplace* | Balto. Md. |
| 8. *Full Name of Father* | John Jacob Graf |
| 9. *Father's Occupation* | Cooper. |
| 10. *Father's Birthplace* | Balto Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Annie Geams |
| *Address* | 634 Light St. |
| *Remarks* | GIVEN NAME ADDED 5-29-52 |
| | Emma Carrie Graf - 2nd Twin |

71348

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth,* | 11th of May |
| 4. *Place of Birth, (Street and Number)* | No 24 Borough St. |
| 5. *Full Name of Mother,* | Dora Barvolzka |
| 6. *Mother's Maiden Name,* | Dora Olentzka |
| 7. *Mother's Birthplace,* | Preausen Germany |
| 8. *Full Name of Father,* | Godleab Barvolzka |
| 9. *Father's Occupation,* | Laboror |
| 10. *Father's Birthplace,* | Preausen Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Lizzie Shaffler |
| *Address,* | Corner Fort A. a Towson |
| *Remarks,* | Locust Pt |

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71319

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 12th May
4. *Place of Birth, (Street and Number)* 88 Calvert st
5. *Full Name of Mother,* Catharine Burroughs
6. *Mother's Maiden Name,* " Chesnut
7. *Mother's Birthplace,* St. Mary's Co Md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return Charles Jones

*Address,* 79 Grand alley

*Remarks,*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71380

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* ~~[illegible]~~ May 12th 1884

. *Place of Birth, (Street and Number)* No 85 N Calvert St

. *Full Name of Mother,* Rebecca Grant

. *Mother's Maiden Name,* Rebecca Linson

. *Mother's Birthplace,* Westmoreland Co Va

. *Full Name of Father,* Charles Henry Grant

*Father's Occupation,* Porter

*Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return Charity Jones

*Address,* 79 Gravel alley

*Remarks,*

CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71 357

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (7) seventh

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 12 - 1884
4. Place of Birth, (Street and Number) 287 w. Pratt st.
5. Full Name of Mother, Dora Schoeler
6. Mother's Maiden Name, Dora Rausch
7. Mother's Birthplace, Germany
8. Full Name of Father, William Schoeler
9. Father's Occupation, Schoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia Ito.

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...Y & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRT

**To the Office of Registrar of Vital Statistics, Board of Health, Balti**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2/3 of a Dozz

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Wite
3. Date of Birth, 12 of May
4. Place of Birth, (Street and Number) 125 W Madison St
5. Full Name of Mother, Kate Wehrhahn
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry August Eduard Wehrhahn
9. Father's Occupation, Artist of Tailor
10. Father's Birthplace, Sievershausen Hannover Germany

Name of Medical Attendant, or other Person who makes this Return Barbara Reiß Hebamme

Address, No 28. N Frederickstrasse

Remarks,

any name shall have been entered, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person [illegible] attendance upon the mother, immediately thereafter [illegible] shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of [illegible]. In the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRT

**To the Office of Registrar of Vital Statistics, Board of Health, Balti**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13th 1884
4. *Place of Birth, (Street and Number)* 161 E. Baltimore st. Balto City
5. *Full Name of Mother,* Sarah Flagerman
6. *Mother's Maiden Name,* Sarah Goodman
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Benjamin Flagerman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other Person who makes this Return Lorbern Reiß Gebauer

*Address,* No 28 N Frederick Street

*Remarks,*

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter [illegible] shall then become the duty of the parent or p[illegible] of such child to report its birth to the Board of [illegible], in the manner, and within the period above [illegible]dred, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

71354

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13th
4. *Place of Birth, (Street and Number)* No. 7 N. High st
5. *Full Name of Mother,* Emma Rohlender
6. *Mother's Maiden Name,* " Scolscher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* L. Rohlender
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophia Fieman

*Address,* No. 70 Granby St.

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71355

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Primepara

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13 /84.
4. Place of Birth, (Street and Number) 741 W. Pratt
5. Full Name of Mother, Mary E. Rawlings
6. Mother's Maiden Name, Mary E. Cook
7. Mother's Birthplace, St Mary's Co. Md.
8. Full Name of Father, Thomas J Rawlings
9. Father's Occupation, Moulder B&O.
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return A. H Saxton M.D

Address,

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

71356

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 15, 1884
4. *Place of Birth, (Street and Number)* S. W. Cor. Mulliken & Dallas St. no number
5. *Full Name of Mother,* Lizzie Rappolt
6. *Mother's Maiden Name,* Lizzie Schäfer
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Amos Rappolt
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St. No. 26

*Remarks,*

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person [illegible] in attendance upon the mother, immediately thereafter [illegible] shall then become the duty of the parent or [illegible]ts of such child to report its birth to the Board of [illegible]th, in the manner, and within the period above [illegible]uired, except in the cases of the births and deaths [illegible]egitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

71357

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th 1884
4. *Place of Birth, (Street and Number)* 182 Hanover St
5. *Full Name of Mother,* Ella V Bolster
6. *Mother's Maiden Name,* " " Cruiser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George V Bolster
9. *Father's Occupation,* Trainman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Wheatley Cooke & Co

*Address,* 146 Hanover

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or p[illegible] of such child to report its birth to the Board of H[illegible], in the manner, and within the period above [illegible]red, except in the cases of the births and deaths of [illegible]itimate children, and any person or persons wh[illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

71358

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13th 1884
4. *Place of Birth, (Street and Number)* 214 Lee St
5. *Full Name of Mother,* Martha J. Griffin
6. *Mother's Maiden Name,* " " Martin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas P. Griffin
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover Fort C.B.

*Remarks,*

any name shall have been changed, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of [illegible], in the manner, and within the period above [illegible] third, except in the cases of the births and deaths of [illegible] legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A. CAE, CITY PRINTERS AND STATIONERS.

71359

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13th 1884
4. *Place of Birth, (Street and Number)* 4 Heath St
5. *Full Name of Mother,* Mary Hamlin
6. *Mother's Maiden Name,* " Maris
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Ed. Hamlin
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D. for L.B.

*Address,*

*Remarks,*

...place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...& CO., CITY PRINTERS AND STATIONERS.

71360

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13th 1884
4. *Place of Birth, (Street and Number)* 64 S Calhoun St
5. *Full Name of Mother,* Susan Wilson
6. *Mother's Maiden Name,* " Barton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles W Wilson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D. per L.B.

*Address,* 146 S Canover

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or p[illegible]ts of such child to report its birth to the Board of [illegible]h, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths o[illegible]ritimate children, and any person or persons w[illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

71361

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7. seventh

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* May 15 1884

4. *Place of Birth, (Street and Number)* 36 S. Eutaw st.

5. *Full Name of Mother,* Lizzie Jeffers

6. *Mother's Maiden Name,* Lizzie List

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* Henry Jeffers

9. *Father's Occupation,* Saloon Keeper

10. *Father's Birthplace,* Canada

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Benjamin Schlitz

*Address,* 20 Columbia st.

*Remarks,*

& CO., CITY PRINTERS AND STATIONERS

71362

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May 15 1884 |
| 4. *Place of Birth, (Street and Number)* | [illegible] |
| 5. *Full Name of Mother,* | Mary [illegible] |
| 6. *Mother's Maiden Name,* | Mary [illegible] |
| 7. *Mother's Birthplace,* | [illegible] |
| 8. *Full Name of Father,* | [illegible] |
| 9. *Father's Occupation,* | Barber |
| *Father's Birthplace,* | [illegible] |
| *Name of Medical Attendant,* or other Person who makes this Return | [illegible] |
| *Address,* | [illegible] |
| *Remarks,* | |

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71363

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May 16 1884 |
| 4. *Place of Birth, (Street and Number)* | 99 Moores Alley |
| 5. *Full Name of Mother,* | Agnes Burgess |
| 6. *Mother's Maiden Name,* | Agnes Smith |
| 7. *Mother's Birthplace,* | Harrisburg |
| 8. *Full Name of Father,* | William Smith |
| 9. *Father's Occupation,* | Drayman |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlotte Goldsborough |
| *Address,* | 99 Moores Alley |
| *Remarks,* | |

Born, as to their physical condition, whether alive or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

B. PIET, PRINTER & STATIONER, BALT.

71364

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, May the 16 1884
4. Place of Birth, (Street and Number) N. Caroline St No 22.
5. Full Name of Mother, Louise Rist
6. Mother's Maiden Name, Louise vom Hof
7. Mother's Birthplace, Biedenkopf. Gr. Hessen. Germany
8. Full Name of Father, Louis Rist
9. Father's Occupation, Moulder
10. Father's Birthplace, Biedenkopf. Gr Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [redacted] such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

71365

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 16 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fines. (1)

1. Sex, (state whether male or female) Weiblich. (Female)
2. Race or Color, (if not of the white race) —
3. Date of Birth. Sixteen May. (1)
4. Place of Birth, (Street and Number) No. 197 Lemon Clay.
5. Full Name of Mother, Wilhelmine Adolphi (Adolphi)
6. Mother's Maiden Name, " Casch.
7. Mother's Birthplace, Damlos (Holstein)
8. Full Name of Father, Gustava Eduard Adolphi (G. E. Adolphi)
9. Father's Occupation, Schuhmacher.
10. Father's Birthplace, Constanz (Großherzogthum Baden.

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Annie Dunder.

Remarks, c.c. North Sahoreda. St.

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period as required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

71366

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wite
3. *Date of Birth,* 11 day of May 1884
4. *Place of Birth, (Street and Number)* 133 Washington street
5. *Full Name of Mother,* Cathrine Lewis
6. *Mother's Maiden Name,* Cathrine Hehoe
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* Samuel Lewis
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Louisa Wiley

*Address.* No 12 Paterson Park Avnue

*Remarks.*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period [illegible] required, except in the cases of the births and deaths of illegitimate children, and any person or per[illegible] who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten do[illegible] for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71367

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.** May 18th 1884

HEALTH DEPARTMENT MAY 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 13th 1884
4. *Place of Birth, (Street and Number)* 2 peach Aley
5. *Full Name of Mother,* Chatchrine Grindaf
6. *Mother's Maiden Name,* timlet
7. *Mother's Birthplace,* ~~Bal~~ Georgia
8. *Full Name of Father,* Mr Grindaf
9. *Father's Occupation,* hard labor
10. *Father's Birthplace.* Savannah Georgia

*Name of Medical Attendant,* or other Person who makes this Return Mid wife May G Dennis

*Address,* No 2 Peach Aley

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

71368

*To the Office of Registrar of Vital Statistics, Board of Health;*

***BALTIMORE CITY.***

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

HEALTH DEPARTMENT MAY 19 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | No 5 |
| *1. Sex* (state whether Male or Female) | Male |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | May 2d |
| *4. Place of Birth* (Street and Number) | Baltimore 88 Caroline St. |
| *5. Full Name of Mother* | Ellen Weber |
| *6. Mother's Maiden Name* | Ellen Wilson |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Joseph Weber |
| *9. Father's Occupation* | Paper Hanger |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Catharine M Bedford. |
| *Address* | 141 Orleans St. |
| *Remarks* | |

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* May 14 1884
4. *Place of Birth, (Street and Number)* 227 Medoner St
5. *Full Name of Mother,* Sarah Pinkney
6. *Mother's Maiden Name,* Sarah nelson
7. *Mother's Birthplace,* Quanester Co
8. *Full Name of Father,* Jophes Pinkney
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Lucinder Woolford

*Address,* 130 N Register

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period ab[illegible] required, except in the cases of the births and deaths [illegible] illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions [illegible] section shall be subject to a fine of ten dolla[illegible] for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 1370

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 15th of May

4. *Place of Birth, (Street and Number)* Castle St

5. *Full Name of Mother,* Annie Forrester

6. *Mother's Maiden Name,* Annie Smith

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Forrester

9. *Father's Occupation,* Brass Finisher

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary Walter

*Address,* 123 N Caroline St

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

71371

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 16th of May 1884.
4. *Place of Birth, (Street and Number)* 550 East Fayette street.
5. *Full Name of Mother,* Barbra Ditz
6. *Mother's Maiden Name,* Singel.
7. *Mother's Birthplace,* Lang Chester county, Pa.
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel.

*Address,* 11 North Chapel street per Justina Kunkel.

*Remarks,* Healthy.

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period abo[illegible] required, except in the cases of the births and deaths [illegible] illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions [illegible] section shall be subject to a fine of ten doll[illegible] each offence, to be recovered as other fines and pen[illegible] are recoverable.

...O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7137/2

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 17 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, May the 16, 1894

4. Place of Birth, (Street and Number) Bank St. No. 238

5. Full Name of Mother, Adelheid Zink

6. Mother's Maiden Name, Adelheid Schmidt

7. Mother's Birthplace, Neuhof, N. Hessen Germany

8. Full Name of Father, Eduard Zink

9. Father's Occupation, Grocer

10. Father's Birthplace, Mitzhens, N. Bayern, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, No. Dallas St. No. 26

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

71373

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 8th |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | 16th May /84 |
| 4. Place of Birth (Street and Number) | 318 Mulberry St. |
| 5. Full Name of Mother | Anna Elizebeth Kraft |
| 6. Mother's Maiden Name | " " Davis |
| 7. Mother's Birthplace | Balt. |
| 8. Full Name of Father | John M. Kraft |
| 9. Father's Occupation | Carpenter. |
| 10. Father's Birthplace | Balt. |
| Name of Medical Attendant, or other Person who makes this Return. | Philip Winter Sr. |
| Address | 323 Mulberry St. |
| Remarks | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7137/4

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period required, except in the cases of the births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 16th 1884 |
| 4. *Place of Birth, (Street and Number)* | 172 Hanover St., |
| 5. *Full Name of Mother,* | Mary Envy |
| 6. *Mother's Maiden Name,* | " Dougan |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Jos. R. Envy |
| 9. *Father's Occupation,* | Merchant. |
| 10. *Father's Birthplace,* | Balto. Co. Md |
| *Name of Medical Attendant,* or other Person who makes this Return | W. A. B. Sellman M.D. |
| *Address,* | 46. West Biddle St, |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71375

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 16 1884

4. Place of Birth, (Street and Number) No 282 Cross st

5. Full Name of Mother, Williminia Hause

6. Mother's Maiden Name, do Seymore

7. Mother's Birthplace, Talbot Co md

8. Full Name of Father, Charles E. Hause

9. Father's Occupation, Machinist

10. Father's Birthplace, Balt city md

Name of Medical Attendant, or other Person who makes this Return E. Hinton

Address, No 72 Randall st

Remarks,

...CITY PRINTERS AND STATIONERS

71376

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 19 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 3d 1884
4. Place of Birth, (Street and Number) 23 Clinton Avenue
5. Full Name of Mother, Saranda Green
6. Mother's Maiden Name, Saranda Harris
7. Mother's Birthplace, Carroll County Maryland
8. Full Name of Father, John Dorsey Green
9. Father's Occupation, Wood polisher
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return, A K Bond M.D.

Address, 316 Franklin Street Baltimore

Remarks,

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period [illegible] required, except in the cases of the births and de[illegible] of illegitimate children, and any person or pe[illegible] who shall hereafter fail to comply with the provisio[illegible] this section shall be subject to a fine of ten d[illegible] ter each offence, to be recovered as other fines and [illegible]alities are recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

71377

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore May 17th 1884

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored May 9th 1884. friday morning half 4 o'clock

3. Date of Birth,

4. Place of Birth, (Street and Number) sterling street No 108.

5. Full Name of Mother, Arietta. Hatten

6. Mother's Maiden Name, Arietta G custos

7. Mother's Birthplace, Accomack county virginia

8. Full Name of Father, Joshua. Hatten.

9. Father's Occupation, Laborer.

10. Father's Birthplace. accomack county Virginia

Name of Medical Attendant, or other Person who makes this Return

Address, Elizabeth Sales. 136. sterling street

Remarks,

...orn, his or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71378

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & White

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 10

4. Place of Birth, (Street and Number) No 59 Gilis Court

5. Full Name of Mother, Anna Maria King

6. Mother's Maiden Name, Anna Maria Anderson

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Albert King

9. Father's Occupation, Sailor

10. Father's Birthplace, Demarara

Name of Medical Attendant, or other Person who makes this Return Hearet Jackson

Address, No 5 Hearet st

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...., CITY PRINTERS AND STATIONERS.

71379

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 13. 1884
4. Place of Birth, (Street and Number) ~~H~~ 233 N. Bond St. City
5. Full Name of Mother, Barbara Volkman
6. Mother's Maiden Name, ~~Blenkner~~ Blenkner
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Volkman
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, ~~H~~ 5 Walker St Baltimore Md.

Remarks,

NO., CITY PRINTERS AND STATIONERS.

71380

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 19 1884 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third Child |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | May 15th 1884 |
| 4. *Place of Birth (Street and Number)* | 1625 Myrtle avenue Baltimore city |
| 5. *Full Name of Mother* | Elizabeth Hoffman |
| 6. *Mother's Maiden Name* | Trader |
| 7. *Mother's Birthplace* | Virginia |
| 8. *Full Name of Father* | Charles Hoffman |
| 9. *Father's Occupation* | Shoe maker |
| 10. *Father's Birthplace* | Pennsylvania |
| *Name of Medical Attendant, or other Person who makes this return* | Elizabeth Hoffman |
| *Address* | |
| *Remarks* | |

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

71381

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 20 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex (state whether Male or Female)* | female |
| 2. *Race or Color (if not of the white race)* | white |
| 3. *Date of Birth* | May 3d 1884 |
| 4. *Place of Birth (Street and Number)* | 401 N. Durham st. |
| 5. *Full Name of Mother* | Josefine Buchter |
| 6. *Mother's Maiden Name* | Altheimer |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Henry Buchter |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this return* | P. G. Dauschuer |
| *Address* | 225 E. Baltimore st. |
| *Remarks* | |

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

71382

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 20 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 7th 1884
4. *Place of Birth (Street and Number)* 87 Thames st
5. *Full Name of Mother* Veronica Beckwith
6. *Mother's Maiden Name* " Kraemer
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* James Henry Beckwith
9. *Father's Occupation* Caulker
10. *Father's Birthplace* Balto. Md

*Name of Medical Attendant,* or other Person who makes this return P. G. Dauschmd

*Address* 325 E. Balto. st.

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7/3883

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1884 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 8th 1884
4. *Place of Birth (Street and Number)* 74 S. Amity
5. *Full Name of Mother* Mary Agnes Brennan
6. *Mother's Maiden Name* " " McCann
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* James Adams Brennan
9. *Father's Occupation* Rigger
10. *Father's Birthplace* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this return P. J. Dawson M.D.

*Address* 325 E. Baltimore St.

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

No 13814

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 20 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th
4. *Place of Birth, (Street and Number)* 101 N Fulton Ave
5. *Full Name of Mother,* Mrs. Geo. W. Little
6. *Mother's Maiden Name,* Ella R. Dungan
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* ~~Pa~~ Geo R Little
9. *Father's Occupation,* "Painter"
10. *Father's Birthplace.* Pa.

*Name of Medical Attendant,* or other Person who makes this Return H F Hill M.D.

*Address,* 23 E Edmondson Ave

*Remarks,*

CITY PRINTERS AND STATIONERS

71385

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
20
1894
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 14
4. *Place of Birth (Street and Number)* ~~Rabarge street~~ Raburge street 143
5. *Full Name of Mother* Alverta Butler
6. *Mother's Maiden Name* Alverta Cager
7. *Mother's Birthplace* Anne Arundel Co
8. *Full Name of Father* Harry Butler
9. *Father's Occupation* Driving team
10. *Father's Birthplace* Anne Arundel

*Name of Medical Attendant, or other Person who makes this return* Hearietta Gipson

*Address* Raburge street 143

*Remarks* 5 dollars

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

71386

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, he should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 16th 1884.

4. Place of Birth, (Street and Number) No 82 Grindel st.

5. Full Name of Mother, Elizebeth Marchbanks

6. Mother's Maiden Name, Elizebeth Winters

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Marchbanks.

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hornung

Address, No 18 Byrd st.

Remarks,

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71387

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1894 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Two |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May "16" / 94 |
| 4. *Place of Birth, (Street and Number)* | 54 Middleris alley |
| 5. *Full Name of Mother,* | Martha Robinson |
| 6. *Mother's Maiden Name,* | Martha Jones, |
| 7. *Mother's Birthplace,* | Alleghaney Co Md |
| 8. *Full Name of Father,* | Jacob Robinson |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Alleghany Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Leah Walker Attd |
| *Address,* | 89 W Spring St |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

71388

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto May 17th 1884

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Balto 16th 1884
4. *Place of Birth, (Street and Number)* 287 Alice Anna St.
5. *Full Name of Mother,* Gertha Schoener.
6. *Mother's Maiden Name,* Gertha Meinschein.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Peter Schoener.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Mary Amend.

*Address,* 157 South Wolfe St.

*Remarks,* —

Birth of any child shall occur without the attendance, or a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71389

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 20 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 17th
4. *Place of Birth, (Street and Number)* No 125 ~~Register~~ Exeter st
5. *Full Name of Mother,* Caroline Fortenbach
6. *Mother's Maiden Name,* " " Hibache
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Fortenbach
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophia Simon

*Address,* No 70 Granby St.

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7139

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male-
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 17th 1884.
4. *Place of Birth, (Street and Number)* No 12 Hamilton St.
5. *Full Name of Mother,* Mary Elizabeth Mason
6. *Mother's Maiden Name,* Mary Elizabeth Snowden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Mason
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other Person who makes this Return* Edward E. Mackenzie M.D.

*Address,* 69 Franklin St. Near Park ave

*Remarks,* None

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71391

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 19 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th of May
4. *Place of Birth, (Street and Number)* 96 North Ann St.
5. *Full Name of Mother,* Lina Black
6. *Mother's Maiden Name,* Lina Jordan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Black
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary Walter

*Address,* 125 N. Caroline St

*Remarks,*

CITY PRINTERS AND STATIONERS.

71392

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 17 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, May the 17. 1884
4. Place of Birth, (Street and Number) S. Bond St. No 164.
5. Full Name of Mother, Katharine E. Wills
6. Mother's Maiden Name, Katharine E. Boshammer
7. Mother's Birthplace, Balto City
8. Full Name of Father, Karl A. Wills
9. Father's Occupation, Laborer
10. Father's Birthplace, Hamburg, f. St. Germany

Name of Medical Attendant, or other Person who makes this Return) Mary E. Miller

Address, N. Dallas St. No 26

Remarks, .....

.....

to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7139

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 19 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 17th 1884
4. *Place of Birth (Street and Number)* 80 Preston St
5. *Full Name of Mother* Elenor alston Dulaney
6. *Mother's Maiden Name* Elenor alston Simons
7. *Mother's Birthplace* Texas
8. *Full Name of Father* Wallis Dulaney
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* H W D Murdock M D

*Address* 80 Read St

*Remarks*

# RETURN OF A BIRTH

71394

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE MAY 19 1884

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth (4th), |
| 1. *Sex, (state whether male or female)* | Female, |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 17th 1884, |
| 4. *Place of Birth, (Street and Number)* | #362 N. Washington st, |
| 5. *Full Name of Mother.* | Mary Isabel Tingling, |
| 6. *Mother's Maiden Name,* | Mary Isabel Evans, |
| 7. *Mother's Birthplace,* | Balto, County, |
| 8. *Full Name of Father,* | John Paul Tingling, |
| 9. *Father's Occupation,* | Brickburner (formerly a farmer) |
| 10. *Father's Birthplace,* | Carroll Co, |
| *Name of Medical Attendant,* or other Person who makes this Return | Chas. B. Ziegler, M.D. |
| *Address,* | 282 N. Broadway, |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS

71395

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first Ms Chase

1. *Sex, (state whether male or female)* female Undertakes on Sartagar

2. *Race or Color, (if not of the white race)* Color. Basis in land Simtady

3. *Date of Birth,* 17 of May

4. *Place of Birth, (Street and Number)* No 44 Orchard Street

5. *Full Name of Mother,* Sinnie Adams this Childs

6. *Mother's Maiden Name,* Howard County deth Came from

7. *Mother's Birthplace,* Hard Work

8. *Full Name of Father.* Harry Jackson Working

9. *Father's Occupation,* Waiter

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Lestella Cook

*Address,* Moos At

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

...ULANY & CO., CITY PRINTERS AND STATIONERS

71396

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 20 1884

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 18th 1884 |
| 4. *Place of Birth, (Street and Number)* | 126 Hughes St |
| 5. *Full Name of Mother,* | Mary Meisner |
| 6. *Mother's Maiden Name,* | Mary Groß |
| 7. *Mother's Birthplace,* | Philadelphia |
| 8. *Full Name of Father,* | John Meisner |
| 9. *Father's Occupation,* | Glaß House Pot, Maker |
| 10. *Father's Birthplace,* | Ohio |
| *Name of Medical Attendant,* or other Person who makes this Return | H. Bevold Mrs |
| *Address,* | 50 Warren Av |
| *Remarks,* | |

...of the parents, and the maiden name of the mother of such child or children.

...NTY PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

77397

HEALTH DEPARTMENT MAY 20 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | May 18th |
| *4. Place of Birth (Street and Number)* | 2 China alley |
| *5. Full Name of Mother* | Hannah Taylor |
| *6. Mother's Maiden Name* | Hannah Green |
| *7. Mother's Birthplace* | Balto. |
| *8. Full Name of Father* | Joseph Taylor |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. M. Hall M.D. |
| *Address* | 262 Sharp St. |
| *Remarks* | |

71398

HEALTH DEPARTMENT MAY 20 1884 BALTIMORE.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 19 – 84
4. *Place of Birth (Street and Number)* 142 S. B'way
5. *Full Name of Mother* Mary Lucy Horan
6. *Mother's Maiden Name* " " Harigan
7. *Mother's Birthplace* Balto. md.
8. *Full Name of Father* John Joseph Horan
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this return P. G. Dausch

*Address*

*Remarks* 325 E. Baltimore md.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

71399

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 19 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19th
4. *Place of Birth, (Street and Number)* 108 Columbia Av.
5. *Full Name of Mother,* Annie Rahle
6. *Mother's Maiden Name,* " Hiersch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Rahe
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return C. L. Buddenbohn M.D.

*Address,* 166. S. Paca st.

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71400

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19th 1884.
4. *Place of Birth, (Street and Number)* No 21 China st
5. *Full Name of Mother,* Francis Chaffer
6. *Mother's Maiden Name,* Francis Hornung
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christian Chaffer
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Cathrine Hornung

*Address,* No 18 Byrd st.

*Remarks,*

...should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars or each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71401

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 20 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. second

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 16 1884

4. Place of Birth, (Street and Number) 70 Columbia Ave.

5. Full Name of Mother, Magdalene Flaka

6. Mother's Maiden Name, Mag. Fischensher

7. Mother's Birthplace, Germany

8. Full Name of Father, Andras Flaka

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 71402

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 3d 1884. |
| 4. *Place of Birth, (Street and Number)* | 363 William St. |
| 5. *Full Name of Mother,* | Celestia Gregory. |
| 6. *Mother's Maiden Name,* | " Nunelley. |
| 7. *Mother's Birthplace,* | Virginia. |
| 8. *Full Name of Father,* | Amos J. Gregory. |
| 9. *Father's Occupation,* | Huckster. |
| 10. *Father's Birthplace,* | Balto. City. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. N. Tall. M.D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

PRINTERS AND STATIONERS

7140 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY
21
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th May 1884
4. Place of Birth, (Street and Number) 489 West Lexington st
5. Full Name of Mother, Emma Ferguson
6. Mother's Maiden Name, " Turner
7. Mother's Birthplace, Baltimore city
8. Full Name of Father, W. J. Ferguson
9. Father's Occupation, Builder of Ice & Refrigerating Machinery
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 N. Poppleton St

Remarks,

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7/1404

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FILED MAY 21 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).* | 1st Child. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 11th 1884. |
| 4. *Place of Birth, (Street and Number)* | 108 Hill St. |
| 5. *Full Name of Mother,* | Elizabeth Pape. |
| 6. *Mother's Maiden Name,* | " Conrad. |
| 7. *Mother's Birthplace,* | Balto. City. |
| 8. *Full Name of Father,* | Henry R. Pape. |
| 9. *Father's Occupation,* | Engineer. |
| 10. *Father's Birthplace,* | Balto. City. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. H. Tall. M.D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71405

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 20 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11 Dn
4. *Place of Birth, (Street and Number)* 372 Franklin St
5. *Full Name of Mother,* Mrs. Geo. T. Steffe
6. *Mother's Maiden Name,* Miss Lizzie Kirkman
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Geo T. Steffe
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return H. F. Hill M.D.

*Address,* 3 W. Bo. Ed. Ave & Schroeder St

*Remarks,*

PRINTERS AND STATIONERS

11 1106

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 15 th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 1341, s Charles st. |
| 5. *Full Name of Mother,* | Anna Lindung |
| 6. *Mother's Maiden Name,* | Mathews |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Hans Lindung |
| 9. *Father's Occupation,* | Restaurant |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schnyder midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7407

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 15 1884

4. Place of Birth, (Street and Number) 185 N Calvert

5. Full Name of Mother, Mollie Knight

6. Mother's Maiden Name, " Perry

7. Mother's Birthplace, Balt

8. Full Name of Father, Humphrey Knight

9. Father's Occupation, Sea Captain

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return H W Webster Jr

Address, 57 Bank

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71408

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 16th May, 1884

4. *Place of Birth, (Street and Number)* 158 Barnes

5. *Full Name of Mother* Lizzie Schanuel

6. *Mother's Maiden Name,* Hyde

7. *Mother's Birthplace,* Balt

8. *Full Name of Father,* William Schanuel

9. *Father's Occupation,* Druggist

10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return J. W. Webster

*Address,* 57 Barnes

*Remarks,*

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

PRINTERS AND STATIONERS

# RETURN OF A BIRTH,

71409

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May. 15/84
4. *Place of Birth, (Street and Number)* 717 N. High St
5. *Full Name of Mother* Catharine M. Effing
6. *Mother's Maiden Name* " " Meehan
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Henry J. Effing
9. *Father's Occupation* Barber
10. *Father's Birthplace* Balto.

*Name of Medical Attendant,* or other Person who makes this Return. Edward J. D. McDevitt

*Address* 54 Aisquith St

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7410

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 nd Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 16 th 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 198 Henrietta st. |
| 5. *Full Name of Mother,* | Elizabeth Dauer |
| 6. *Mother's Maiden Name,* | Hellmann |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | John Dauer |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwaner midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

HEALTH DEPARTMENT MAY 20 1884 BALTIMORE.

...CITY PRINTERS AND STATIONERS.

71411

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fourth (4th)

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* May 16/84
4. *Place of Birth, (Street and Number)* No. 5, Pennsylvania Av.
5. *Full Name of Mother* Annie Shennich
6. *Mother's Maiden Name* Lynard
7. *Mother's Birthplace* Manchester, Md.
8. *Full Name of Father* Emanuel Shennich
9. *Father's Occupation* Wheelwright
10. *Father's Birthplace* Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return. H. R. Hetterhoff M.D.

*Address* 205 Biddle St.

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7/1412

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 cnd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16th 1894
4. *Place of Birth, (Street and Number)* William st No 46
5. *Full Name of Mother,* Elizebeth Britingham
6. *Mother's Maiden Name,* Elizibeth Regins
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Georg Britingham
9. *Father's Occupation,* Waterman
10. *Father's Birthplace.* Eastern Shore

*Name of Medical Attendant,* or other Person who makes this Return Mary Eanderson

*Address,* No 10 Aboyd Street

*Remarks,*

HEALTH DEPARTMENT MAY 21 1894 BALTIMORE

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

71413

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th of May 1884

4. Place of Birth, (Street and Number) #680 W. Balto St

5. Full Name of Mother, Elezabetta Krauss

6. Mother's Maiden Name, " " Hoffmann

7. Mother's Birthplace, Bobenhausen Hessendarmstadt

8. Full Name of Father, Lewis L. Krauss

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Dells Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs Hamster

Address, 21 So Eappelton St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above mentioned, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars to be recovered as other fines and penal

..., CITY PRINTERS AND STATIONERS.

71414

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16 1884
4. Place of Birth, (Street and Number) 559 Lexington St
5. Full Name of Mother, Lydia F. Hartman
6. Mother's Maiden Name, Weimar
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hartman
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Bartholomew Co. Indiana

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 No Poppelton St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7141

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| ● *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May 16th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 23 Fyson Alley |
| 5. *Full Name of Mother,* | Mary Hemley |
| 6. *Mother's Maiden Name,* | Mary Williams |
| 7. *Mother's Birthplace,* | Dorchester Co Md |
| 8. *Full Name of Father,* | Wilbert Hemley |
| 9. *Father's Occupation,* | Drayman |
| ●. *Father's Birthplace,* | Easton Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Lucy Corinth |
| *Address,* | No 13 Jordan Alley |
| *Remarks,* | |

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

DULANY & CO., CITY PRINTERS AND STATIONERS

71416

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 20 1894 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* no 17 stockholom st on 1st

1. *Sex (state whether Male or Female)* female. mrs lizzie arthor
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* 17th of may
4. *Place of Birth (Street and Number)* no 17 stockholom street baltimor
5. *Full Name of Mother* miss lizzie offer
6. *Mother's Maiden Name* miss lizzie arher
7. *Mother's Birthplace* Anoplis Md
8. *Full Name of Father* mr william henry mobry
9. *Father's Occupation* brick yard in the sumor oyster hoare winter
10. *Father's Birthplace* anoplis md

*Name of Medical Attendant, or other Person who makes this Return.* lurenia mills

*Address* She aint so well

*Remarks* no 61 stockholom st

# RETURN OF A BIRTH 7417

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 17 1884

4. Place of Birth, (Street and Number) 49 Lee st

5. Full Name of Mother, Stella Ohrig

6. Mother's Maiden Name, Lewis

7. Mother's Birthplace, Balt

8. Full Name of Father, Wm. F Ohrig

9. Father's Occupation, Druggist

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return H. W. Webster

Address, 59 Hanover

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH,

7/418

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May 17th 1884
4. *Place of Birth, (Street and Number)* 430 Fulton Avenue
5. *Full Name of Mother* Clara. C. Hurdle
6. *Mother's Maiden Name* Clara Freeman
7. *Mother's Birthplace* Washington. D. C
8. *Full Name of Father* Edwin. M. Hurdle.
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Washington. D. C

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Carroll.

*Address* 19 Woodyear Street.

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

71419

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 1. Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 18 of May
4. *Place of Birth, (Street and Number)* No 124 [illegible]
5. *Full Name of Mother,* Theresia Pittroff
6. *Mother's Maiden Name,* Theresia Schroder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Anton Schroder
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Christina [illegible]

*Address,* No 173 Hayward Ave

*Remarks,* Baltimore Md.

1884

A. T.

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible]nts of such child to report its birth to the Board of [illegible]lth, in the manner, and within the period abo[illegible]ulred, except in the cases of the births and deaths [illegible]egitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]NO., CITY PRINTERS AND STATIONERS.

71420

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4, fourth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 18 - 1884.
4. Place of Birth, (Street and Number) 60 S. Greene st
5. Full Name of Mother, Domenica Ronca
6. Mother's Maiden Name, Domenica Tomaselli
7. Mother's Birthplace, Stali
8. Full Name of Father, Lazzaro Ronca
9. Father's Occupation, Barbir
10. Father's Birthplace. Stali

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71421

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Six Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* light Brow Skine
3. *Date of Birth,* may 18 1884
4. *Place of Birth, (Street and Number)* Chin St 3
5. *Full Name of Mother,* Sidda Cooper
6. *Mother's Maiden Name,* Lidda Boyd
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Cooper
9. *Father's Occupation,* Brickmaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Annie Jhonson

*Address,* Plum Alley No 308

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 19th 1884
4. Place of Birth, (Street and Number) 92 N. Fulton St
5. Full Name of Mother, Mary Josephine Habighurst
6. Mother's Maiden Name, " " Gobright
7. Mother's Birthplace, B. C. Md
8. Full Name of Father, George C. Habighurst
9. Father's Occupation, Clerk
10. Father's Birthplace, Boston Mass. MD
Name of Medical Attendant, or other Person who makes this Return J Harvey Hill
Address, Calhoun St & Edmondson Av.
Remarks,

of the parents, and the maiden name of the mother of such child or children."

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

DULANY & CO., CITY PRINTERS AND STATIONERS

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

71422

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
21
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 19th 1884 |
| 4. *Place of Birth, (Street and Number)* | 92 N. Milton Av |
| 5. *Full Name of Mother,* | Mary Josephine Habighurst |
| 6. *Mother's Maiden Name,* | " " Sobright |
| 7. *Mother's Birthplace,* | B. C. Md |
| 8. *Full Name of Father,* | George C. Habighurst |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Boston Mass. |
| *Name of Medical Attendant,* or other Person who makes this Return | Harvey Hill MD |
| *Address,* | Calhoun st & Edmondson av. |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

71423

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, May the 19, 1884
4. Place of Birth, (Street and Number) N. Castle St. No 9 E
5. Full Name of Mother, Louise Stäcker
6. Mother's Maiden Name, Louise Gebel
7. Mother's Birthplace, Grosammarode Kr. Preussen Germany
8. Full Name of Father, Andreas Stäcker
9. Father's Occupation, Butcher
10. Father's Birthplace, Neudrosfeld Kr Bayern Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

11424

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or ~~female~~)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 4th, 19, 1884

4. *Place of Birth, (Street and Number)* S. Central Av, No 70

5. *Full Name of Mother,* Eleonora Dammann

6. *Mother's Maiden Name,* Eleonora Schulz

7. *Mother's Birthplace,* Balt City

8. *Full Name of Father,* Andrew Dammann

9. *Father's Occupation,* Basket maker

10. *Father's Birthplace,* Balt City

*Name of Medical Attendant,* or other Person who makes this Return Harry E. Miller

*Address,* N. Dallas St, No 26

*Remarks,*

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7142

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, feb 11th 1884

4. Place of Birth, (Street and Number) hamburg st 274

5. Full Name of Mother, Ella J Schobler

6. Mother's Maiden Name, Ella Jennings

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Schobler

9. Father's Occupation, Brick Maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address, ame johnson No 103 plumal

Remarks,

TY PRINTERS AND STATIONERS

71426

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 1st 1884
4. *Place of Birth, (Street and Number)* 150 Preston street
5. *Full Name of Mother,* Eliza Norfolk
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* George Simms
9. *Father's Occupation,* Porter and Driver
10. *Father's Birthplace,* Balto M D

*Name of Medical Attendant,* or other Person who makes this Return Hester Colance

*Address,* 39 G monument street

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71427

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 12th 1884
4. Place of Birth, (Street and Number) 203 Sheilds Alley
5. Full Name of Mother, Susan E Payne
6. Mother's Maiden Name,
7. Mother's Birthplace, Talbott County Md
8. Full Name of Father, George E. Payne
9. Father's Occupation, Waiter
10. Father's Birthplace, Talbott County Md

Name of Medical Attendant, or other Person who makes this Return Hester Catance

Address, 39 E monument street

Remarks,

...birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

71428

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if [redacted] white race)
3. *Date of Birth* 14th May 1884
4. *Place of Birth* (Street and Number) 767 S. Broadway
5. *Full Name of Mother* Lucy M. Casey
6. *Mother's Maiden Name* Lucy M Kimball
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* William E. Casey
9. *Father's Occupation* Baker
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. F. T. Benson M.D

*Address* 187 Hollins St

*Remarks*

71429

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 17th may 1884
4. Place of Birth, (Street and Number) 228 Biddle street
5. Full Name of Mother, Charity Senbly
6. Mother's Maiden Name, Charity Briscoe
7. Mother's Birthplace, St. Mary County M.D.
8. Full Name of Father, ~~Chas~~ Charles Senbly
9. Father's Occupation, Waiter
10. Father's Birthplace, St Mary County M.D.

Name of Medical Attendant, or other Person who makes this Return Hester Catance

Address, 39 Monument st.

Remarks,

Birth of any Child shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11130

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14 1884
4. Place of Birth, (Street and Number) 66 Dawson Street Locust Point
5. Full Name of Mother, Kate Myers
6. Mother's Maiden Name, Kate Schmenkeiter
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Herman Myers
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Ettel

Address.

Remarks.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Sixth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15
4. Place of Birth, (Street and Number) No 33 Hull St
5. Full Name of Mother, Emily [illegible]
6. Mother's Maiden Name, Emily [illegible] mckay
7. Mother's Birthplace, St Marys Co md
8. Full Name of Father, James [illegible]
9. Father's Occupation, laborer
10. Father's Birthplace, Portsmouth va

Name of Medical Attendant, or other Person who makes this Return Margret Ettle

Address,

Remarks,

HEALTH DEPARTMENT MAY 22 1894 BALTIMORE.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

714/32

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th May 1884

4. Place of Birth, (Street and Number) 502 W. Pratt Street

5. Full Name of Mother, Sophia Elizabeth Scott

6. Mother's Maiden Name, Sophia Elizabeth Reed

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Evan Thomas Scott

9. Father's Occupation, Clockmaker

10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return Mrs Susanna Hamlin

Address, 21 N. Poppleton St 502 W. Pratt Street

Remarks,

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* 17 of May 1884
4. *Place of Birth, (Street and Number)* Lemon St 5 3
5. *Full Name of Mother,* Catherine Hines
6. *Mother's Maiden Name,* Catherine Feeney
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Hines
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Richmond Va

*Name of Medical Attendant,* or other Person who makes this Return Susan Thornton

*Address,* 21 No Regester St

*Remarks,*

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

CITY PRINTERS AND STATIONERS.

7441 34

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5te Khe

1. *Sex, (state whether male or female)* Boj
2. *Race or Color, (if not of the white race)* Witke
3. *Date of Birth,* 18 Maj
4. *Place of Birth, (Street and Number)* 5 Vacuum Stret
5. *Full Name of Mother,* Agnes Kisner
6. *Mother's Maiden Name,* Müller
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Karl Müller
9. *Father's Occupation,* — — —
10. *Father's Birthplace,* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return Marie Güttner

*Address,* 245 S. Wolfe Stret.

*Remarks,*

...and no other person to be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

71435

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 19th of May 1884.
4. Place of Birth, (Street and Number) No. 6 South Cassel street.
5. Full Name of Mother, Anna Schonate.
6. Mother's Maiden Name, Anna Wen.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Wen.
9. Father's Occupation, Laborman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 71 North Chapel st. per Justina Kunkel

Remarks, Healthy.

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71436

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st~~ 2d, ~~3d, &c.~~)* 2nd.

1. [redacted], *(state whether ~~male~~ or female)*

2. *Race or Color, (if not of the white race)* White race

3. *Date of Birth,* May 19. 1884

4. *Place of Birth, (Street and Number)* 205 Park Avenue.

5. *Full Name of Mother,* Katherine A Hildebrant.

6. *Mother's Maiden Name,* Katy A Kampel.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Charles E Hildebrant.

9. *Father's Occupation,* Butcher.

10. *Father's Birthplace.* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return A. L. Kuhn. M.D.

*Address,* 497 Light Street.

*Remarks,*

PRINTERS AND STATIONERS

71437

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex* ~~(state whether~~ *Male* ~~or Female~~)
2. *Race* ~~or Color (Name of the~~ *white race)*
3. *Date of Birth* May 19th 84
4. *Place of Birth (Street and Number)* 345 N Gay
5. *Full Name of Mother* Amelia Grove Graham
6. *Mother's Maiden Name* Kirkland
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Henry Gordon Graham
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Irving Miller M.D.

*Address* No 179 East Monument St

*Remarks*

born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7114 38

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 19th 1884
4. Place of Birth, (Street and Number) 26 Hull St
5. Full Name of Mother, Mary E Curran
6. Mother's Maiden Name, Mary E Coughlin
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thos F Curran
9. Father's Occupation, Bailiff in Tax Dept
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

74439

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19th 1884

4. Place of Birth, (Street and Number) #12 Bartlett St

5. Full Name of Mother, Mary Ann Green

6. Mother's Maiden Name, Mary Ann Read

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William James Green

9. Father's Occupation, Telephone Linesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately [illegible] the Board of Health, in the manner, and duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

71440

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 17 1884
4. *Place of Birth, (Street and Number)* 541 W. Lexton
5. *Full Name of Mother,* Delia Gusdorf
6. *Mother's Maiden Name,* Delia Lark
7. *Mother's Birthplace,* Bal Co
8. *Full Name of Father,* Isaac Gusdorf
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Bal Co

*Name of Medical Attendant,* or other Person who makes this Return A R Trudel M.D.

*Address,*

*Remarks,*

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

71441

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19, 1884
4. *Place of Birth, (Street and Number)* Hubberd St
5. *Full Name of Mother,* Mary Manke
6. *Mother's Maiden Name,* Mary Damling
7. *Mother's Birthplace,* Germenia
8. *Full Name of Father,* Gottlip Manke
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Germene

*Name of Medical Attendant,* or other Person who makes this Return Mrs Ettel

*Address,* No 13 Cuba St

*Remarks,* Baltimore

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ATY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

7442

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19th 1884

4. Place of Birth, (Street and Number) 16 Hull st

5. Full Name of Mother, Maggie Clarke

6. Mother's Maiden Name, Maggie Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Patrick Clarke

9. Father's Occupation, Stevedore

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs E

Address,

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7144 3

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5. Children, |
| 1. *Sex (state whether Male or Female)* | girl, |
| 2. *Race or Color (if not of the white race)* | Collard. |
| 3. *Date of Birth* | 20. of May. Years 1884. |
| 4. *Place of Birth (Street and Number)* | Goodmans Alley & West St. 68 |
| 5. *Full Name of Mother* | Maggie Haywood. |
| 6. *Mother's Maiden Name* | Maggie Caine. |
| 7. *Mother's Birthplace* | Lancaster Virginia |
| 8. *Full Name of Father* | James Haywood |
| 9. *Father's Occupation* | Labourer |
| 10. *Father's Birthplace* | Anrundle County. M. D. |
| *Name of Medical Attendant, or other Person who makes this return* | Dinia Champthor. |
| *Address* | West St. 165 |
| *Remarks* | Very good condision |

the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71444

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 21 1884
4. *Place of Birth, (Street and Number)* 156 Hanover st
5. *Full Name of Mother,* Kittie Kirwan
6. *Mother's Maiden Name,* Edmunds
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John Kirwan
9. *Father's Occupation,* Sea Captain
10. *Father's Birthplace,* Dorchester Co Md

*Name of Medical Attendant,* or other Person who makes this Return H. W. Webster

*Address,* 57 Barre st

*Remarks,*

PRINTERS AND STATIONERS

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

7 1145

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 6 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | April 3. 1884 |
| *4. Place of Birth (Street and Number)* | 248 Pennsylvania ave |
| *5. Full Name of Mother* | Alice ~~Hammond~~ Stansbury |
| *6. Mother's Maiden Name* | Alice Hammond |
| *7. Mother's Birthplace* | Pennsylvania |
| *8. Full Name of Father* | Harry O Stansbury |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | M St Amant M D |
| *Address* | 64 N Paca St |
| *Remarks* | Natural Labor |

# RETURN OF A BIRTH

J1446

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 9th 84 |
| 4. *Place of Birth, (Street and Number)* | No 9 3rd St |
| 5. *Full Name of Mother,* | Sophia Stein |
| 6. *Mother's Maiden Name,* | Sophia Rice |
| 7. *Mother's Birthplace,* | Albany NY |
| 8. *Full Name of Father,* | Henry G Haig |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Balt Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | M Thuet |
| *Address,* | 143 N Charles St |
| *Remarks,* | |

of the parents, and the maiden name of the mother of each child of either.

PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

71447

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 18th
4. *Place of Birth, (Street and Number)* 6 Gilbert
5. *Full Name of Mother,* Mrs. Mary Thomas
6. *Mother's Maiden Name,* " Wood
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Francis J. Thomas
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other Person who makes this Return A F Hill M.D.

*Address,* 23 E. Ds. Ave.

*Remarks,*

...TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 71448

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
22
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 19th |
| 4. *Place of Birth, (Street and Number)* | 103 Chas. St |
| 5. *Full Name of Mother,* | Mary Neal |
| 6. *Mother's Maiden Name,* | Mary Alley |
| 7. *Mother's Birthplace,* | Anne Arundel Co Md |
| 8. *Full Name of Father,* | Robt Neal |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Va |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm Thomas |
| *Address,* | 143 N Charles |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children.

. PIET, PRINTER & STATIONER, BALT.

71449

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22nd 1884
4. Place of Birth, (Street and Number) 53 Postland
5. Full Name of Mother, Sophia Wächter
6. Mother's Maiden Name, " Mainz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Wächter
9. Father's Occupation, Cloth cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return C. L. Buddenbohn M.D.

Address, 166 S. Paca St.

Remarks,

CITY PRINTERS AND STATIONERS.

CERTIFICATE ADDED 4-27-84 7450

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | John Milton Applegarth 2d |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | April 29th 1884 |
| 4. Place of Birth, (Street and Number) | 131 Montgomery St |
| 5. Full Name of Mother, | Mollie Applegarth |
| 6. Mother's Maiden Name, | Mollie Booth |
| 7. Mother's Birthplace, | Md |
| 8. Full Name of Father, | Capt John Applegarth |
| 9. Father's Occupation, | Mariner |
| 10. Father's Birthplace, | Md |
| Name of Medical Attendant, or other Person who makes this Return | H B Noble M D |
| Address, | 80 Monument Av |
| Remarks, | |

CITY PRINTERS AND STATIONERS

71451

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th May 1884
4. *Place of Birth, (Street and Number)* 89 St Paul St Balto
5. *Full Name of Mother,* Jeanette Rosine Tabor
6. *Mother's Maiden Name,* " " Woodley
7. *Mother's Birthplace,* London England
8. *Full Name of Father,* Sidney Tabor
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* London England

*Name of Medical Attendant,* or other Person who makes this Return. J. E. Clagett

*Address,* 36 S. Eutaw St Balto Md

*Remarks,*

...o., City Printers and Stationers.

71452

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 20th 1884 |
| 4. *Place of Birth, (Street and Number)* | 16 Baker St |
| 5. *Full Name of Mother,* | Elizabeth Wermeith |
| 6. *Mother's Maiden Name,* | Kohlhepp |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | John Wermeith |
| 9. *Father's Occupation,* | Market Huckster |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return | Chas E Sadler MD |
| *Address,* | 565 Druid Hill Ave |
| *Remarks,* | |

...Y PRINTERS AND STATIONERS

71453

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 21st 1884 |
| *4. Place of Birth (Street and Number)* | 42 South Exeter |
| *5. Full Name of Mother* | Sarah A Kastendike |
| *6. Mother's Maiden Name* | Sarah A Walsh |
| *7. Mother's Birthplace* | Balto Md |
| *8. Full Name of Father* | J. H. Kastendike |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | France |
| *Name of Medical Attendant,* or other Person who makes this Return. | B E Phillips M D |
| *Address* | 211 W Lombard St |
| *Remarks* | |

71454

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
22
1884
BALTIMORE.

of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 19th 1884 |
| *4. Place of Birth (Street and Number)* | 24 Parish St |
| *5. Full Name of Mother* | Mrs Clara Stricker |
| *6. Mother's Maiden Name* | Clara Engel |
| *7. Mother's Birthplace* | Martinsburg W. Va |
| *8. Full Name of Father* | Eli Stricker |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | W. T. Phillips M.D. |
| *Address* | 211 W Lombard St |
| *Remarks* | |

# RETURN OF A BIRTH

71455

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, May 20 - 1884.

4. Place of Birth, (Street and Number) 373 w. Pratt st.

5. Full Name of Mother, Anna Link

6. Mother's Maiden Name, Anna Raizk

7. Mother's Birthplace, Germany

8. Full Name of Father, Ludwig Link

9. Father's Occupation, Cabinet maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia st.

Remarks,

PRINTERS AND STATIONERS

71456

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 3rd.

4. Place of Birth, (Street and Number) 21 Dallis St.

5. Full Name of Mother, Sarah Taylor

6. Mother's Maiden Name, Sarah

7. Mother's Birthplace, Harford County.

8. Full Name of Father, Edward Taylor

9. Father's Occupation, Laborer

Father's Birthplace, St. Marys County.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, No 185 S.E. cor Central av & Monument St.

Remarks, All Well

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

# RETURN OF A BIRTH

11457

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 24 1889 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th. |
| *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 3rd 1889 |
| 4. *Place of Birth, (Street and Number)* | 60 Dallis St. |
| 5. *Full Name of Mother,* | Sarah Lynch |
| 6. *Mother's Maiden Name,* | Sarah Holland |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Lynch |
| 9. *Father's Occupation,* | Coachmaker |
| *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. A. Butt |
| *Address,* | No. No 185. S.E. cor Central av. & Monument |
| *Remarks,* | Well Well |

hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

71158

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| *1. Sex, (state whether male or female)* | Male |
| *2. Race or Color, (if not of the white race)* | Colardo |
| *3. Date of Birth,* | May 23rd |
| *4. Place of Birth, (Street and Number)* | No. 56 Davis St. |
| *5. Full Name of Mother,* | Lizie Green |
| *6. Mother's Maiden Name,* | Lizie Baber |
| *7. Mother's Birthplace,* | Washington |
| *8. Full Name of Father,* | Wilson Green |
| *9. Father's Occupation,* | Laborer |
| *10. Father's Birthplace,* | Alexander |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. A Butt |
| *Address,* | No 185 S.E. cor Centre av. & Monument St |
| *Remarks,* | All Well |

hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

71459

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday May 15th 1884
4. Place of Birth, (Street and Number) No 156 N Mount St Balto
5. Full Name of Mother, Clara Ida Didenhover
6. Mother's Maiden Name, C Ida Godman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harry W Didenhover
9. Father's Occupation, Supt Change N B P R W Co
10. Father's Birthplace, Battle Mills Balto Co Md

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71460

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 15th. 1884

4. Place of Birth, (Street and Number) Orlean St.

5. Full Name of Mother, Beckie Raebin

6. Mother's Maiden Name, Beckie Spain

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Raebin

9. Father's Occupation, Coatch painter

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. B Butt

Address, 185 S.E. cor Centre av. & Monument St.

Remarks, All Well

hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

# RETURN OF A BIRTH

71161

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colland

3. Date of Birth, May 16th. 1884

4. Place of Birth, (Street and Number) No 2 Monument St

5. Full Name of Mother, Nellie Nelson

6. Mother's Maiden Name, "

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. M. A. Batt.

Address, 185 S.E. cor Central av. & Monument St

Remarks, Well

recovered as other fines and penalties are recoverable.

ty Printers and Stationers.

# RETURN OF A BIRTH

71462

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 14 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 19th. 1884. |
| 4. *Place of Birth, (Street and Number)* | 184 Madison St. |
| 5. *Full Name of Mother,* | Annie Pary |
| 6. *Mother's Maiden Name,* | Annie Philips |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Chas. Pary |
| 9. *Father's Occupation,* | Stone Cutter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. A. Butt. |
| *Address,* | 185. S.E. cor. Central av & Monument St. |
| *Remarks,* | All Well |

hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

# RETURN OF A BIRTH

7116.3

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Third |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 19th 1884 |
| 4. Place of Birth, (Street and Number) | No. 65 Albemarle St. |
| 5. Full Name of Mother, | Annie Haymen |
| 6. Mother's Maiden Name, | Annie Dutton |
| 7. Mother's Birthplace, | Baltimore City |
| 8. Full Name of Father, | Thomas Haymen |
| 9. Father's Occupation, | Salesman |
| 10. Father's Birthplace, | Baltimore City |
| Name of Medical Attendant, or other Person who makes this Return | Mrs Eliza Fleming |
| Address, | No 65 Albemarle St. |
| Remarks, | City |

CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-9-51

# RETURN OF A BIRTH 71464

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE

Name: Catherine May Monahan

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Sixth |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White. |
| 3. Date of Birth, | May 20th 1884 |
| 4. Place of Birth, (Street and Number) | No 15 Bank St- |
| 5. Full Name of Mother, | Catherine Monahan |
| 6. Mother's Maiden Name, | Catherine Byrne |
| 7. Mother's Birthplace, | Ireland |
| 8. Full Name of Father, | Thomas Monahan |
| 9. Father's Occupation, | Laborer |
| 10. Father's Birthplace, | Ireland |
| Name of Medical Attendant, or other Person who makes this Return | Mrs Eliza J Flemming |
| Address, | No 93 Albemarle St- |
| Remarks, | (City) |

PRINTERS AND STATIONERS

71465

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colord
3. Date of Birth, the 20 may
4. Place of Birth, (Street and Number) tyson st 123
5. Full Name of Mother, Ellen Mason
6. Mother's Maiden Name, Ellen Mesicke
7. Mother's Birthplace, Delwar sceiferce
8. Full Name of Father, Frank ~~Mason~~ Mason
9. Father's Occupation, labror
10. Father's Birthplace, ~~Caroll~~ ~~[illegible]~~ Carolline County

Name of Medical Attendant, or other Person who makes this Return M

Address, No Address

Remarks, Mrs asah penington attendant

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

71466

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 24 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Saturday May 10th "84"
4. *Place of Birth, (Street and Number)* 52 Grunmont Ave
5. *Full Name of Mother,* Maggie Meadcook
6. *Mother's Maiden Name,* Maggie Mead.
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Geo H. Cook
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* South Carolina

*Name of Medical Attendant,* or other Person who makes this Return Wilmer Brinton M.D.

*Address,* Forrest Flag & Chaw St.

*Remarks,*

...duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11467

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 13th "84" |
| 4. *Place of Birth, (Street and Number)* | 43 E. Madison St. |
| 5. *Full Name of Mother,* | Elizabeth Evans, |
| 6. *Mother's Maiden Name,* | Elizabeth Roberts |
| 7. *Mother's Birthplace,* | Wales. |
| 8. *Full Name of Father,* | David Evans |
| 9. *Father's Occupation,* | Supt, "Brush Electric Light Co." |
| 10. *Father's Birthplace,* | Wales. |
| *Name of Medical Attendant,* or other Person who makes this Return | Wilmer Brinton MD |
| *Address,* | Forrest Haven & Chase St. |
| *Remarks,* | |

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

J1468

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE

N[illegible] Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 15. 1884

4. Place of Birth, (Street and Number) N.W. Cor Bond & Chase Sts

5. Full Name of Mother, Emma Henderson

6. Mother's Maiden Name, Millikin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James H. Henderson

9. Father's Occupation, Shoe Cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return C. H. Thomas, M.D.

Address, 66 E. Baltimore St.

Remarks,

NY & CO., CITY PRINTERS AND STATIONERS.

71469

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 11th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* No The 20th of May 1884
4. *Place of Birth, (Street and Number)* No 292 Harford Avenue
5. *Full Name of Mother,* Tinnie Sandrick
6. *Mother's Maiden Name,* Tinnie Schroeder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Justice Sandrick
9. *Father's Occupation,* Sober
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Christina Sauer

*Address,* No 173 Harford Ave

*Remarks,* Baltimore Md

[illegible]

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11470

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY
24
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd Child |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 22nd. ~~75 Harford Ave~~ |
| 4. *Place of Birth, (Street and Number)* | 75 Harford ave |
| 5. *Full Name of Mother,* | Katie Satterfield |
| 6. *Mother's Maiden Name,* | Katie White |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Edward L. Satterfield |
| 9. *Father's Occupation,* | Glass Packer |
| 10. *Father's Birthplace,* | Balto. Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Wilmer Brinton M.D. |
| *Address,* | Forrest Place & Haw St. |
| *Remarks,* | |

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

1 1171

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 22d 1884

4. Place of Birth, (Street and Number) Bethel N. 135

5. Full Name of Mother, Mrs A. Jackson Bedwell

6. Mother's Maiden Name, —

7. Mother's Birthplace, ~~Md~~ —

8. Full Name of Father, A. Jackson Bedwell

9. Father's Occupation, Pilot

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return Dr E. S. Thomas

Address, 47 N. Haywood St

Remarks,

...V & CO., CITY PRINTERS AND STATIONERS.

71472

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 22d 1884
4. Place of Birth, (Street and Number) N. W. Cor. Wilson & Division
5. Full Name of Mother, Satie Orem
6. Mother's Maiden Name, Holson
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Jno. T. Orem
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D.

Address, 506 Madison Ave

Remarks,

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11476

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 23, 1884 |
| 4. *Place of Birth, (Street and Number)* | 129 N. Eighteen St. |
| 5. *Full Name of Mother,* | Ida Henderson |
| 6. *Mother's Maiden Name,* | " Rhodes |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Henderson |
| 9. *Father's Occupation,* | Stock Jetter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return* | W. H. Thomas M.D. |
| *Address,* | 66. E. Baltimore St |
| *Remarks,* | |

...Y & CO., CITY PRINTERS AND STATIONERS

71474

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 11th. '84 |
| 4. *Place of Birth, (Street and Number)* | 33 Forrest Place |
| 5. *Full Name of Mother,* | Annie Regan |
| 6. *Mother's Maiden Name,* | Annie Cummey |
| 7. *Mother's Birthplace,* | Balto Co. Md. |
| 8. *Full Name of Father,* | Louis W. Regan |
| 9. *Father's Occupation,* | Employee N. E. R. R. |
| 10. *Father's Birthplace,* | Washington D.C. |
| *Name of Medical Attendant,* or other Person who makes this Return | Wilmer Brinton M.D. |
| *Address,* | St. E. Cor. Forrest Place & Chaw St. |
| *Remarks,* | |

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7475

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 12th. |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | April 23rd 1884 |
| 4. Place of Birth, (Street and Number) | 173 Chestnut St. |
| 5. Full Name of Mother, | Mary Murfy |
| 6. Mother's Maiden Name, | Mary McCall |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | John Murfy |
| 9. Father's Occupation, | Plumber |
| 10. Father's Birthplace, | Ireland |
| Name of Medical Attendant, or other Person who makes this Return. | M. J. Butt. |
| Address, | 185 S.E. cor. Centre av. & Monument St. |
| Remarks, | All Well |

HEALTH DEPARTMENT MAY 1884 BALTIMORE.

its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

71476

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 24 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 24th. 1884 |
| 4. *Place of Birth, (Street and Number)* | 63 Monument St. |
| 5. *Full Name of Mother,* | Mary Lewis |
| 6. *Mother's Maiden Name,* | Mary Hacken |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Mary Lewis |
| 9. *Father's Occupation,* | Telegraphlineman |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. A. Butt. |
| *Address,* | No 185 S.E. cor Centre av. & Monument St. |
| *Remarks,* | All Well |

Its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, City Printers and Stationers.

11477

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 24 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White, |
| 3. *Date of Birth,* | April 24th. "84 |
| 4. *Place of Birth, (Street and Number)* | 9 E. Biddle St. |
| 5. *Full Name of Mother,* | Maggie Bradley |
| 6. *Mother's Maiden Name,* | Maggie Driscoll |
| 7. *Mother's Birthplace,* | Ireland. |
| 8. *Full Name of Father,* | Andrew J. Bradley |
| 9. *Father's Occupation,* | Carpenter. |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Wilmer Brinton M.D. |
| *Address,* | Forrest Place & Chase St, |
| *Remarks,* | |

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-20-50

# RETURN OF A BIRTH

114178

CERTIFICATE CORRECTED 10-20-50

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE

Name: Annie L. Wendler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26 "84"
4. Place of Birth, (Street and Number) 160 Greenmont Ave.
5. Full Name of Mother, Alice (~~Wendler~~) Wendler
6. Mother's Maiden Name, Alice Leamby
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harry (~~Wendler~~) Wendler
9. Father's Occupation, Carpenter
10. Father's Birthplace, Lancaster Pa

Name of Medical Attendant, or other Person who makes this Return Wilmer Barnlow M.D.

Address, N. E. cor. Forrest Place & Chase St.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11479

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd, |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 30th "84" |
| 4. *Place of Birth, (Street and Number)* | 25 Little McElderry St |
| 5. *Full Name of Mother,* | Lena Becking |
| 6. *Mother's Maiden Name,* | " Schmidt |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Augusta Becking. |
| 9. *Father's Occupation,* | Tailor. |
| 10. *Father's Birthplace,* | B Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Wilmer Brinton, MD |
| *Address,* | Forrest Hall Chas St. |
| *Remarks,* | |

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71160

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colard

3. Date of Birth, April 30 Th. 1884

4. Place of Birth, (Street and Number) No. 2 Monument St.

5. Full Name of Mother, Maggie Johnson

6. Mother's Maiden Name, Maggie Recheston

7. Mother's Birthplace, Anhelrandle Coun.

8. Full Name of Father, James Johnson

9. Father's Occupation, Laborer in Brick Yard

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. M. A. Burt

Address, No 185 S.E. cor Central av & Monument St.

Remarks, All Well

The birth is to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, City Printers and Stationers.

71480

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 16th 1884
4. *Place of Birth, (Street and Number)* 48 Woodward St
5. *Full Name of Mother,* Emma L. Reynolds
6. *Mother's Maiden Name,* " " , Kadwalider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Stephen H. Reynolds
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D. for L.B.

*Address,* 46 Hanover St

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11482

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 11 1894
4. *Place of Birth, (Street and Number)* 15E Collington ave
5. *Full Name of Mother,* Louise hamman
6. *Mother's Maiden Name,* Louise Single
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William hamman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Comer 153

*Address,* Collington ave

*Remarks,*

HEALTH DEPARTMENT MAY 24 1894 BALTIMORE.

Its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

71483

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, May the 18
4. Place of Birth, (Street and Number) Baltimore Hanover st No 699
5. Full Name of Mother, Magaie lauterback
6. Mother's Maiden Name, lalothbao
7. Mother's Birthplace, Baltimore
8. Full Name of Father, lewis lauterback
9. Father's Occupation, glass Blower
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Elisabeth Halbern

Address, william st No 374

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 19th 1884
4. Place of Birth, (Street and Number) 178 Hanover St
5. Full Name of Mother, Mary E Pettitt
6. Mother's Maiden Name, " " Henderson
7. Mother's Birthplace, Pocomoke City Md
8. Full Name of Father, Emmet L Pettitt
9. Father's Occupation, Dry Goods Storekeeper
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7/485

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1894 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | May 19 1894 |
| 4. Place of Birth, (Street and Number) | Walnut alley |
| 5. Full Name of Mother, | Albertha L Handy |
| 6. Mother's Maiden Name, | |
| 7. Mother's Birthplace, | Pocahontas county Worcester county MD |
| 8. Full Name of Father, | John Henry |
| 9. Father's Occupation, | porter in Store |
| 10. Father's Birthplace, | Pocahontas county |
| Name of Medical Attendant, or other Person who makes this Return | Lucy cannish |
| Address, | no 15 Garden alley |
| Remarks, | |

...Y & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

71486

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female. |
| *2. Race or Color (if not of the white race)* | Colored. |
| *3. Date of Birth* | 18th of May 1884. |
| *4. Place of Birth (Street and Number)* | Baltimore. No 4 South Eden st. |
| *5. Full Name of Mother* | Jane Frances Pritchard |
| *6. Mother's Maiden Name* | " " Gant. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Wesley Prichard |
| *9 Father's Occupation* | Laborer |
| *. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. Ann Kozman |
| *Address* | 10 South Eden st. |
| *Remarks* | |

of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

7114-87

HEALTH DEPARTMENT MAY 24 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | Negro |
| *3. Date of Birth* | May 20th 1884 |
| *4. Place of Birth (Street and Number)* | Hargrove Alley |
| *5. Full Name of Mother* | Mary Scott |
| *6. Mother's Maiden Name* | Mary Brooks |
| *7. Mother's Birthplace* | St Mary's Co Md |
| *8. Full Name of Father* | James Scott |
| *9. Father's Occupation* | Waiter |
| *10. Father's Birthplace* | Balto Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Thos. J. Ward M.D. |
| *Address* | 129 St Paul St |
| *Remarks* | |

7 11 88

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 22nd 84
4. *Place of Birth (Street and Number)* 72 Harford ave
5. *Full Name of Mother* Jennie L. Anderson
6. *Mother's Maiden Name* Jennie L. Hill
7. *Mother's Birthplace* Saint Thomas Penna
8. *Full Name of Father* Wm H. Anderson
9. *Father's Birthplace* Foreman for Miller & Coleman
10. *Father's Birthplace* Waynesboro Penna

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Guy 13 Holland

*Address*

*Remarks*

11489

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22nd
4. Place of Birth, (Street and Number) No 70 Granby st
5. Full Name of Mother, Mary Kate Kuhn
6. Mother's Maiden Name, Witzel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jacob Kuhn
9. Father's Occupation, cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Siemon

Address, No 70 Granby St.

Remarks,

When the births above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7190

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

RECEIVED
MAY
25
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. May 23rd 1884

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 22nd 1884.
4. Place of Birth, (Street and Number) 219 Bond St.
5. Full Name of Mother, Maggie Lipkin.
6. Mother's Maiden Name, Maggie Wolpermann.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Reinhard Lipkin.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Amend.

Address, No. 137 S. Wolfe St.

Remarks, M

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

7114-91

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23rd 1884

4. Place of Birth, (Street and Number) #161 W Lombard st

5. Full Name of Mother, Mrs. E. A. Branch

6. Mother's Maiden Name, —

7. Mother's Birthplace, North Carolina

8. Full Name of Father, Mr. Branch

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman

Address, #161 W. Lombard st

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

71492

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 25 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23rd 1884
4. *Place of Birth, (Street and Number)* #161 W. Lombard st
5. *Full Name of Mother,* Mary Hassett
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* "
10. *Father's Birthplace,* "

*Name of Medical Attendant,* or other Person who makes this Return W. C. Chapman M.D.

*Address,* 161 W. Lombard st

*Remarks,* Illegitimate

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 26 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. [redacted] *(state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 22 1884 |
| 4. *Place of Birth, (Street and Number)* | 40 N Eutaw Street |
| 5. *Full Name of Mother,* | Theresa Elsafer |
| 6. *Mother's Maiden Name,* | Theresa Gombrecht |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Abraham Elsafer |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | A Friedenwald M.D. |
| *Address,* | |
| *Remarks,* | |

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71494

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15/84
4. *Place of Birth, (Street and Number)* N. W. Cor Fulton & Fayette St
5. *Full Name of Mother,* Lilly Campbell
6. *Mother's Maiden Name,* " Schaft
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Thos. Campbell
9. *Father's Occupation,* Clerk in Sup. Court.
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return A. L. Bird MD

*Address,* 387 W. Lombard St

*Remarks,*

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71495

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 26 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | May 26 84 |
| 4. *Place of Birth, (Street and Number)* | 96 N Gay |
| 5. *Full Name of Mother,* | Philipina Richter |
| 6. *Mother's Maiden Name,* | Philapina Besser |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Moritz Richter |
| 9. *Father's Occupation,* | Pedlar |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | A Friedenwald Mor |
| *Address,* | 818 N Eutaw Street |
| *Remarks.* | |

PRINTERS AND STATIONERS

11496

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24. 1884.
4. Place of Birth, (Street and Number) 175 George
5. Full Name of Mother, Nannie Robinson
6. Mother's Maiden Name, Grace
7. Mother's Birthplace, Howard Co. Md.
8. Full Name of Father, Jas. A. Robinson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D.

Address, 506 Madison Ave.

Remarks,

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11497

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

May 24th 1884.

HEALTH DEPARTMENT MAY 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 1/2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 24th 1884.
4. Place of Birth, (Street and Number) 122 Wolfe St
5. Full Name of Mother, Barbara Bott.
6. Mother's Maiden Name, Barbara Tolz.
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Bott.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend.

Address, No. 137 S. Wolfe St.

Remarks, 7

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7498

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First—

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 24th 1884

4. Place of Birth, (Street and Number) #161 W. Lombard st—

5. Full Name of Mother, Rachael Broom

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D.

Address, #161 W. Lombard st—

Remarks, Illegitimate

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

71499

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* G. H.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* May 25/84
4. *Place of Birth, (Street and Number)* 162 So. Eden
5. *Full Name of Mother,* Roseanna Spence
6. *Mother's Maiden Name,* " Stahl
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* James W. Spence
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* Talbot Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return G. L. Wirtius

*Address,* 77 S. Broadway

*Remarks,*

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH.

7/500

HEALTH DEPARTMENT BALTIMORE MAY 28 1884

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Six

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* Sunday May 26th 1884

*4. Place of Birth (Street and Number)* Belvedere ave

*5. Full Name of Mother* Mrs Mary Murray

*6. Mother's Maiden Name* Mary Armstrong

*7. Mother's Birthplace* County Galway Ireland

*8. Full Name of Father* Patrick Murray

*9 Father's Occupation* Laborer

*10. Father's Birthplace* County Galway Ireland

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Mary Ward

*Address* No 4 Webster alley

*Remarks* Mother doing very well baby born alive but only lived a few minutes

of the parents, and the maiden name of the mother of such child or children

71507

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE NOV 27 1884

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

*Sex, (state whether male or female)* Female Twins

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov 19th 1884

4. *Place of Birth, (Street and Number)* #34 S. Schroeder St.

5. *Full Name of Mother,* Mrs. E. Schofield

6. *Mother's Maiden Name,* [illegible] Simmons

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* James E. Schofield

9. *Father's Occupation,* Steam Packing P.O.

10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Wm. H. Gilbert

*Address,* 182 E. Monument St.

*Remarks,*

recovered as other fines and penalties are recoverable.

Printers and Stationers.

71502

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City,

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

*Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 8th 1884

4. *Place of Birth, (Street and Number)* #114 W. Fayette St.

5. *Full Name of Mother,* Mary E. Montgomery

6. *Mother's Maiden Name,* " " Watson

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* George A. Montgomery

9. *Father's Occupation,* Restaurant

10. *Father's Birthplace,* Washington D.C.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Dana Hillegeist

*Address,* 182 E. Monument St.

*Remarks,*

...recovered as other fines and penalties are recoverable.

...ty Printers and Stationers.

71503

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

*Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 9th 1884 Chas

4. *Place of Birth, (Street and Number)* [illegible] Biddle & Sts

5. *Full Name of Mother,* Elizabeth Alt

6. *Mother's Maiden Name,* Silber

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Casper Alt

9. *Father's Occupation,* Brewer-maker

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs [illegible] Killegast

*Address,* 182 E. Monument St

*Remarks,*

Hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ty Printers and Stationers.

715 04

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* third Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Cholard
3. *Date of Birth,* May 11
4. *Place of Birth, (Street and Number)* No 67 East St
5. *Full Name of Mother,* Anna Bons
6. *Mother's Maiden Name,* Anna Bons
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* X
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return at Hearrest Jackson

*Address,* No 5 Forrest St

*Remarks,*

...should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

7150

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT. THE MAY 21 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | ~~May~~ ~~13~~ 14th May 13th 84 |
| 4. *Place of Birth, (Street and Number)* | # 522 S. Charles St. |
| 5. *Full Name of Mother,* | Mary Adams |
| 6. *Mother's Maiden Name,* | Schultz |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Thos. Adams |
| 9. *Father's Occupation,* | French Polisher |
| 10. *Father's Birthplace,* | Richmond Va. |
| *Name of Medical Attendant, or other Person who makes this Return* | Mary Brook |
| *Address,* | # 328 S. Eutaw St. |
| *Remarks,* | |

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

11506

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No. 1.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 1st
4. *Place of Birth, (Street and Number)* No 11 Forest St
5. *Full Name of Mother,* Emma Jackson
6. *Mother's Maiden Name,* Emma Jackson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henery Jackson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs Hannah Jackson

*Address,* No 5 Forest St

*Remarks,*

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71507

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

*Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 17th 1884

4. *Place of Birth, (Street and Number)* 240 Madison St.

5. *Full Name of Mother,* Kate ~~Kohl~~ Stetler

6. *Mother's Maiden Name,* " Kohl

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* John Stetler

9. *Father's Occupation,* Carpet maker

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Dena Hillegeist

*Address,* 182 E Monument St.

*Remarks,*

hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ity Printers and Stationers.

71508

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 childe

1. *Sex, (state whether male or female)* Male childe
2. *Race or Color, (if not of the white race)* Color Childe
3. *Date of Birth,* May 19. 1884
4. *Place of Birth, (Street and Number)* No. 2. Ohio av
5. *Full Name of Mother,* Jane Opher
6. *Mother's Maiden Name,* Jane Marin
7. *Mother's Birthplace,* Madson Dor conty
8. *Full Name of Father,* Jr Josey Morine
9. *Father's Occupation,* Goanfacter
10. *Father's Birthplace,* Madison dor Conty

*Name of Medical Attendant,* or other Person who makes this Return Nilley Gross

*Address,* No 12 plum alley

*Remarks,*

SHOULD no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

7509

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
1904
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20. May
4. *Place of Birth (Street and Number).* Central Ave. no 79
5. *Full Name of Mother* Johanna Powers
6. *Mother's Maiden Name* Lewis
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Powers
9. *Father's Occupation* Police officer
10. *Father's Birthplace* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane Geary

*Address* 13 Holland st

*Remarks*

name of the mother of such child or children.

11510

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 6th 1884

4. Place of Birth, (Street and Number) 95 St Peter St

5. Full Name of Mother, Amanda Libby

6. Mother's Maiden Name, n Lantz

7. Mother's Birthplace, City

8. Full Name of Father, Henry Libby

9. Father's Occupation, Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Jno D Blake MD

Address, 158 S Paca St

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9th 1884
4. Place of Birth, (Street and Number) 372 Hamburg St
5. Full Name of Mother, Rachel Downs
6. Mother's Maiden Name, nee Gaither
7. Mother's Birthplace, U S A Co Md
8. Full Name of Father, Jno Downs
9. Father's Occupation, Engineer
10. Father's Birthplace, U S A Co Md

Name of Medical Attendant, or other Person who makes this Return Jno L Blake M D

Address,

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7512

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | No 1 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 21/84 |
| *4. Place of Birth (Street and Number)* | 248 Aisquith St |
| *5. Full Name of Mother* | Kate Zimmerman |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | City of Baltimore |
| *8. Full Name of Father* | George M. Zimmerman |
| *9. Father's Occupation* | Cabinet Maker |
| *10. Father's Birthplace* | City of Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | A Aronstam M.D. |
| *Address* | 276 W. Fayette St |
| *Remarks* | |

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 21 1884
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Mary Cooper
6. *Mother's Maiden Name,* Mary Cooper
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Cooper
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Annapolis

*Name of Medical Attendant,* or other Person who makes this Return Sarah Jane Wilson

*Address.* 25 [illegible]

*Remarks.*

NY & CO., CITY PRINTERS AND STATIONERS

7/514

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
MAY
26
1884
BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 22 - 1884 |
| *4. Place of Birth (Street and Number)* | 194 S. Fremont- |
| *5. Full Name of Mother* | Eda Kate Bowers |
| *6. Mother's Maiden Name* | Eda Kate Baldwin |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | Frederick J. Bowers |
| *9. Father's Occupation* | Engineer |
| *10. Father's Birthplace* | Hagerstown Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. R. Uhler M.D. |
| *Address.* | 234 W. Fayette St- |
| *Remarks* | |

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71515

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23, 1884
4. *Place of Birth, (Street and Number)* 67 Battery ave
5. *Full Name of Mother,* Mary Thomas
6. *Mother's Maiden Name,* [illegible] Booth
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* William Thomas
9. *Father's Occupation,* Sudler
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Miss Ann Nash

*Address,*

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

71516

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 26 1884 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 24th 1884 |
| *4. Place of Birth (Street and Number)* | 90 Myrtle Ave. |
| *5. Full Name of Mother* | Mary Friend |
| *6. Mother's Maiden Name* | Mary Keener |
| *7. Mother's Birthplace* | Balto City |
| *8. Full Name of Father* | Charles Friend |
| *9. Father's Occupation* | Slatiner |
| *10. Father's Birthplace* | Balto City |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. R. Ohler M. D |
| *Address* | 234 W. Fayette St. |
| *Remarks* | |

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 27 1887 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 25th 84 |
| 4. *Place of Birth, (Street and Number)* | # 77 Battery ave. |
| 5. *Full Name of Mother,* | Mary Buthea |
| 6. *Mother's Maiden Name,* | Kinnan |
| 7. *Mother's Birthplace,* | Penna. |
| 8. *Full Name of Father,* | George Buthea |
| 9. *Father's Occupation,* | Day driver |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Burk |
| *Address,* | # 328 E. Eutaw St. |
| *Remarks,* | |

Y PRINTERS AND STATIONERS.

7518

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 26th 1884
4. Place of Birth, (Street and Number) No. 585 Ruth Gay Street
5. Full Name of Mother, Mrs Mary Rebecca Hewell
6. Mother's Maiden Name, Miss Mary R. Myrsinger
7. Mother's Birthplace, Baltimore. Md.
8. Full Name of Father, Mr William Oscar Hewell
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Wm H. Clendinen M.D.

Address, No. 102 N Broadway

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the Births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1st 1884
4. *Place of Birth, (Street and Number)* Eutaw & Bloomer St
5. *Full Name of Mother,* Maggie Magee
6. *Mother's Maiden Name,* Mabbie Cordil
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Magee
9. *Father's Occupation,* Black Smith
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs C. Fresenwehl

*Address,* 366 ~~[illegible]~~ Jenna Ave

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7/1120

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Brown Skin |
| 3. *Date of Birth,* | 14th May |
| 4. *Place of Birth, (Street and Number)* | No 92 Stockholm Second Street |
| 5. *Full Name of Mother,* | Sarah Brown |
| 6. *Mother's Maiden Name,* | Sarah Lawrence |
| 7. *Mother's Birthplace,* | Queen Mary County |
| 8. *Full Name of Father,* | Albert Brown |
| 9. *Father's Occupation,* | Laborer |
| 10. *Mother's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Doctor Smith |
| *Address,* | Sarah Hall |
| *Remarks,* | No 92 Stockholm Street |

T, PRINTER & STATIONER, BALT.

# NOTICE

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Every effort was made to assure legibility and completeness.

71521

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 18 1884
4. *Place of Birth, (Street and Number)* No 15 Boundry ave
5. *Full Name of Mother,* Lindie Büttner
6. *Mother's Maiden Name,* Lindie Helmbacher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Büttner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs A Meserschl

*Address,* 364 Penna ave

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible]re recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

71522

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* May 18th 1884
4. *Place of Birth, (Street and Number)* 71 perry street
5. *Full Name of Mother,* Elizabeth Grunage
6. *Mother's Maiden Name,* Elizabeth armstead
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Grunage
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Scholottie Williams

*Address,* 164 S howard st

*Remarks,* five dollars

ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Co., City Printers and Stationers.

# RETURN OF A BIRTH

7523

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the thirg child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, may 18 half past ten o at Night

4. Place of Birth, (Street and Number) 108 stirling St

5. Full Name of Mother, mary lorn

6. Mother's Maiden Name, may lorn

7. Mother's Birthplace, Aconinach County Iris

8. Full Name of Father, Gosph Edmond

9. Father's Occupation, Grain Runner

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return Elizbeth Sales

Address, ~~103~~ 136 Stirling St

Remarks,

of the parents, and the married name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19 1884
4. *Place of Birth, (Street and Number)* 55 Fremont St
5. *Full Name of Mother,* Minnie McKreile
6. *Mother's Maiden Name,* Minnie Henkelman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John McKreile
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs A Meneuche

*Address,* 388 Penna av

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

7152 B.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 st May 1884
4. *Place of Birth, (Street and Number)* 33 Union St
5. *Full Name of Mother,* Bertha Zela
6. *Mother's Maiden Name,* Bertha Witzing
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Zela
9. *Father's Occupation,* Carpet weaver
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs A Messerschmidt

*Address,* 366 Penna ave

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

7156

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 28 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | H. E Child |
| 1. *Sex, (state whether male or female)* | Little Girl |
| 2. *Race or Color, (if not of the white race)* | White. Race |
| 3. *Date of Birth,* | Born May. 21. 1884. |
| 4. *Place of Birth, (Street and Number)* | 68 South. monroe. Baltimore |
| 5. *Full Name of Mother,* | Mrs. Wilkinson |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Born in Baltimore city |
| 8. *Full Name of Father,* | Mr William Wilkinson |
| 9. *Father's Occupation,* | Laborer by Trade |
| 10. *Father's Birthplace,* | Born in Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Killer |
| *Address,* | 1017. West Pratt st city |
| *Remarks,* | |

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7157

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| 1. *Sex, (state whether male or female)* | Little Girl |
| 2. *Race or Color, (if not of the white race)* | White. Race |
| 3. *Date of Birth,* | 22. May 1884 Baltimore |
| 4. *Place of Birth, (Street and Number)* | Lemmon st Baltimore |
| 5. *Full Name of Mother,* | Mrs. Irving |
| 6. *Mother's Maiden Name,* | Miss. Zirber |
| 7. *Mother's Birthplace,* | Stumsberg Germany |
| 8. *Full Name of Father,* | Mr. Irving |
| 9. *Father's Occupation,* | Laborer. by trade |
| 10. *Father's Birthplace,* | Stumsberg Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Killer |
| *Address,* | 1017. West Pratt st city |
| *Remarks,* | |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

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71528

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Bird

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22nd 1884
4. *Place of Birth, (Street and Number)* 36 Penna ave
5. *Full Name of Mother,* Birdie Cary
6. *Mother's Maiden Name,* Birdie Dedlet
7. *Mother's Birthplace,* France
8. *Full Name of Father,* Frank Cary
9. *Father's Occupation,* Cider Depot
10. *Father's Birthplace,* France

*Name of Medical Attendant,* or other Person who makes this Return Mrs A Meerenzehl

*Address,* 36 E Penna ave

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 7529

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May 22nd 1884
4. *Place of Birth, (Street and Number)* N. E. Cor. McElderry & Eager Sts.
5. *Full Name of Mother* Elizabeth Holtereck
6. *Mother's Maiden Name* Tymmer
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Gustav H. Holtereck
9. *Father's Occupation* Pharmacist
10. *Father's Birthplace* Hanover Germany.

*Name of Medical Attendant, or other Person who makes this Return.* Edward P. Mitchell

*Address* 524 Aisquith St

*Remarks*

*name of the mother of such child or children.*

11530

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd May 1884
4. *Place of Birth, (Street and Number)* 669 Penna ave
5. *Full Name of Mother,* Barbara Mein
6. *Mother's Maiden Name,* Barbara Meikrantz
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Andrew Mein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs A Mesenyche

*Address,* 388 Penna ave

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

71531

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 May 1884
4. *Place of Birth, (Street and Number)* 12 Etting St
5. *Full Name of Mother,* Emilia Lesser
6. *Mother's Maiden Name,* Emilia Walker
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Thomas Lesser
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Washington D.C.

*Name of Medical Attendant,* or other Person who makes this Return Mrs A Memmelt

*Address,* 366 Penna Ave

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71532

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 25. 1884
4. *Place of Birth, (Street and Number)* N. Bethel St. No 103.
5. *Full Name of Mother,* Bertha Hildwein
6. *Mother's Maiden Name,* Bertha Müller
7. *Mother's Birthplace,* Berlin, K. Preussen, Germany
8. *Full Name of Father,* John Hildwein
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Balt. City

*Name of Medical Attendant, or other Person who makes this Return* Mary E. Miller

*Address,* N. Dallas St. No 226

*Remarks,*

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

7533

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| 1. *Sex, (state whether male or female)* | Little Girl |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth,* | 25. May. 1884. Baltimore |
| 4. *Place of Birth, (Street and Number)* | Front. N. 21 Baltimore |
| 5. *Full Name of Mother,* | Emeila. Strumke |
| 6. *Mother's Maiden Name,* | Miss. Squinske |
| 7. *Mother's Birthplace,* | Stannary Germany |
| 8. *Full Name of Father,* | Mr. Strumke |
| 9. *Father's Occupation,* | Laborer by trade |
| 10. *Father's Birthplace,* | Stannary. Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Killer |
| *Address,* | 1017. West Prath st city |
| *Remarks,* | |

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH,

7 1 5 3 11

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d. |
| 1. *Sex (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White, Grace. |
| 3. *Date of Birth* | May 23/84 |
| 4. *Place of Birth, (Street and Number)* | E. cor. Light & St. |
| 5. *Full Name of Mother* | Lizzie Lloyd. |
| 6. *Mother's Maiden Name* | Lizzie Leonard. |
| 7. *Mother's Birthplace* | Washington D.C. |
| 8. *Full Name of Father* | Thomas A. Lloyd. |
| 9. *Father's Occupation* | Carpenter. |
| 10. *Father's Birthplace* | Washington D.C. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Anna E. Geare. |
| *Address* | 634. Light St. |
| *Remarks* | |

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY
28
1894
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, May 24 1894

4. Place of Birth, (Street and Number) 53 Short St

5. Full Name of Mother, Annie Gatewood

6. Mother's Maiden Name, Annie Johnson

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Anderson Gatewood

9. Father's Occupation, Labor

10. Father's Birthplace, Frederick County Virginia

Name of Medical Attendant, or other Person who makes this Return Lucinda Wolford

Address, 130 Register St

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BY PRINTERS AND STATIONERS.

71536

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | The 3d child |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | The 25th of May 1884 |
| 4. Place of Birth, (Street and Number) | No 9 Mealderry Street |
| 5. Full Name of Mother, | Tinnie Kirchner |
| 6. Mother's Maiden Name, | Tinnie Bauer |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Charles |
| 9. Father's Occupation, | Labor |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return | Mrs Christina Lauer |
| Address, | No 173 Harford Ave |
| Remarks, | Baltimore Md |
| | 1884 |

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second Child |
| 1. [redacted] *(state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Color |
| 3. *Date of Birth,* | may 25 half Past Eigt morng |
| 4. *Place of Birth, (Street and Number)* | 129 stirling st |
| 5. *Full Name of Mother,* | mary miller |
| 6. *Mother's Maiden Name,* | may miller |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | gozich fischer |
| 9. *Father's Occupation,* | Laror |
| 10. [redacted]*ther's Birthplace* | Dorchester County |
| *Name of Medical Attendant,* or other Person who makes this Return | 136 stirling st |
| *Address,* | Elzbeth Sales |
| *Remarks,* | Baltimore md |

[redacted]NTERS AND STATIONERS

71538

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 26 of May 1884
4. Place of Birth, (Street and Number) No 201 East Lombard Street
5. Full Name of Mother, Cecilia Vieners
6. Mother's Maiden Name, Cecilia Maisel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Vieners
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Christina Lauer

Address, No 173 Harford Ave

Remarks, Baltimore Md

1884

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

11539

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, May the 24th 1884
4. Place of Birth, (Street and Number) S. Dallas St. N° 107
5. Full Name of Mother, Barbara Schmidt
6. Mother's Maiden Name, Barbara Kaiser
7. Mother's Birthplace, Balt° City
8. Full Name of Father, Georg Schmidt
9. Father's Occupation, Machinist
10. Father's Birthplace, Balt° City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, S. Dallas St. N° 26

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

OTHER NAME ADDED 3-9-55 71540

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE

Howard Filliaux

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, May the 26, 1884
4. Place of Birth, (Street and Number) Jefferson St. No. 261
5. Full Name of Mother, Mary Filliaux
6. Mother's Maiden Name, Mary Stickelberger
7. Mother's Birthplace, Bain, K. Preussen, Germany
8. Full Name of Father, Christian Filliaux
9. Father's Occupation, Cooper
10. Father's Birthplace, Bettenhausen, Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

...ity in the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...Y PRINTERS AND STATIONERS.

71541

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 27 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 dir Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 27. 1884
4. *Place of Birth, (Street and Number)* S. Durham St. No. 44.
5. *Full Name of Mother,* Laura Bennet
6. *Mother's Maiden Name,* Laura Moore
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Robert Bennet
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St. No. 26

*Remarks,*

...duty of the parent or parents of such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...Y PRINTERS AND STATIONERS.

71542

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 8d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 27 of May 1884
4. Place of Birth, (Street and Number) No 212 Harford Ave
5. Full Name of Mother, Mary Schultz
6. Mother's Maiden Name, Mary Tillerman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Schultz
9. Father's Occupation, Labor
10. Father's Birthplace, S Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Christina Lowe

Address, No 173 Harford Ave

Remarks, Baltimore Md 1884

...shall, in other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

71543

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 28 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 27th of May 1884
4. Place of Birth, (Street and Number) No 75 Greenmount Ave
5. Full Name of Mother, Hannah Oneill
6. Mother's Maiden Name, Hannah Auliffe
7. Mother's Birthplace, Ireland
8. Full Name of Father, Denis Oneill
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Christina Lauer

Address, No 173 Harford Ave

Remarks, Baltimore Md

1884

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY
29
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 17th 1884 |
| 4. *Place of Birth, (Street and Number)* | Ramsey st No 280 |
| 5. *Full Name of Mother,* | Mary E Sullivan |
| 6. *Mother's Maiden Name,* | Mary E Carey |
| 7. *Mother's Birthplace,* | Calvert Mills Md |
| 8. *Full Name of Father,* | Charles H Sullivan |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | queens anns Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs S Rollins |
| *Address,* | No 797 Pratt st |
| *Remarks,* | |

should no other person be so attending upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 29 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 21, 1884
4. *Place of Birth, (Street and Number)* No 127 Thalinn st
5. *Full Name of Mother,* iday V goebell
6. *Mother's Maiden Name,* iday V Barrett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles L goebell
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs S Kelly

*Address,* No 797 Pratt st

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71546

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 29 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* 23rd, of May
4. *Place of Birth, (Street and Number)* Duncan Alley number 3.
5. *Full Name of Mother,* Harriet Thomas.
6. *Mother's Maiden Name,* Harriet Kane.
7. *Mother's Birthplace,* Church Creek Eastern shore Maryland
8. *Full Name of Father,* William Thomas,
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Church Creek Eastern shore Maryland

*Name of Medical Attendant,* or other Person who makes this Return Susan Morgan.

*Address,* No. 47, Durham street,

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7/5447

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24th 1884
4. Place of Birth, (Street and Number) Number 28 Abys St
5. Full Name of Mother, Laura Smith
6. Mother's Maiden Name, Laura Guest
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Smith
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Emma Anderson

Address, No 10 Abys Street

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71548

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25 1884
4. Place of Birth, (Street and Number) No 213 Eutaw av
5. Full Name of Mother, Treasey Neal
6. Mother's Maiden Name, Treasey Dinneck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Neal
9. Father's Occupation, glass blower
10. Father's Birthplace, baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 10 Abys St

Remarks,

Y PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7118 19

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT CITY MAY 29 1894 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st "

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23rd "
4. *Place of Birth, (Street and Number)* No. 53 Eastern ave
5. *Full Name of Mother,* Lora Kendall
6. *Mother's Maiden Name,* " Kolb
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* T. Kendall
9. *Father's Occupation,* Plummer
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other Person who makes this Return Sophia Iseman

*Address,* No. 11 Granby st.

*Remarks,*

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7550

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1894 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 25 – |
| 4. Place of Birth, (Street and Number) | # 177 Chestnut St |
| 5. Full Name of Mother, | Jessie E McClary |
| 6. Mother's Maiden Name, | Jessie E Switzer |
| 7. Mother's Birthplace, | Balt |
| 8. Full Name of Father, | Robt McClary |
| 9. Father's Occupation, | Clerk |
| 10. Father's Birthplace, | Balt |
| Name of Medical Attendant, or other Person who makes this Return | Daniel V Mayer MD |
| Address, | 192 Aisquith St |
| Remarks, | City |

& CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

21551

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
29
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* = White
3. *Date of Birth,* May 26th
4. *Place of Birth, (Street and Number)* No. 179 Eastern ave
5. *Full Name of Mother,* Katie George
6. *Mother's Maiden Name,* " Tehick
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Herman Tehick
9. *Father's Occupation,* Labor work
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other Person who makes this Return Sophia Simmon

*Address,* No. 10 Granby st

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71552

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 27th 1884 A.M.
4. Place of Birth, (Street and Number) No 81 Randall. st
5. Full Name of Mother, Sallie Hartman
6. Mother's Maiden Name, Sallie Norton
7. Mother's Birthplace, Accomac. Co. Va
8. Full Name of Father, Jacob. Hartman
9. Father's Occupation, Brakeman on B & O.
10. Father's Birthplace, Fredrick Co Md.

Name of Medical Attendant, or other Person who makes this Return C. Hinton

Address, 79. Randall. st

Remarks, X

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7553

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, May. 27th 1884 P. M.

4. Place of Birth, (Street and Number) No 174 First-st

5. Full Name of Mother, Lena Calow

6. Mother's Maiden Name, Lena Bardine

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, James Calow

9. Father's Occupation, Labourer

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return C Hinton

Address, 79 Randall st

Remarks, X

PRINTERS AND STATIONERS

71554

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT 29 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 28th 1 A.M.
4. *Place of Birth (Street and Number)* 131 Dallas St
5. *Full Name of Mother* Mary Stuart
6. *Mother's Maiden Name* " Walker
7. *Mother's Birthplace* Ann Arundel Co
8. *Full Name of Father* Chas. Stuart
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Ann Arundel Co.

*Name of Medical Attendant,* or other Person who makes this Return. City Lockman

*Address* 25 Gist St.

*Remarks* Child was dead when I arrived

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, may the
4. Place of Birth, (Street and Number) Hamburg St 280
5. Full Name of Mother, Margret Bibbins
6. Mother's Maiden Name, Whiting
7. Mother's Birthplace, dorchester Co
8. Full Name of Father, Richard Bibbins
9. Father's Occupation, Sinnale
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Howard St 368

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

71556

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* may 6
4. *Place of Birth, (Street and Number)* Howard St 281
5. *Full Name of Mother,* Rosetta Fountin
6. *Mother's Maiden Name,* Soden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Fountin
9. *Father's Occupation,* single
10. *Father's Birthplace,* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Howard St 368

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71557

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 ms

1. *Sex, (state whether male or female)* males Ave
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* may 13
4. *Place of Birth, (Street and Number)* Hamburg st 200
5. *Full Name of Mother,* Mary A Huse
6. *Mother's Maiden Name,* Ford
7. *Mother's Birthplace,* Charles Co
8. *Full Name of Father,* William Huse
9. *Father's Occupation,* White Washer
10. *Father's Birthplace,* Cambrig M D

*Name of Medical Attendant,* or other Person who makes this Return, A Wilson

*Address,* Howard st 308

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollar[illegible] each offence, to be recovered as other fines and pena[illegible] are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 3 1881 BALTIMORE

77558

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. th

1. Sex, (state whether male or female) ~~female~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 th of May 1881

4. Place of Birth, (Street and Number) No 8 Patterson Park ave

5. Full Name of Mother, Ellen Williams

6. Mother's Maiden Name, Ellen Marr

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George W Williams

9. Father's Occupation, Cap Maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park ave

Remarks,

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

11559

HEALTH DEPARTMENT MAY 3 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 White

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2 d 1894

4. Place of Birth, (Street and Number) 411 Canton ave

5. Full Name of Mother, Mary Sunderland

6. Mother's Maiden Name, Laurence

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Sunderland

9. Father's Occupation, Ship carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park ave

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH,

71560

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 29 1884 BALTIMORE

*Name of child:* Julia Amanda Pulley

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First-

1. *Sex (state whether male or female)* Female -
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 20/84
4. *Place of Birth, (Street and Number)* 160 E. Charles -
5. *Full Name of Mother* Sophie Johanna Christine Pulley Symmes
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Alphens Pulley
9. *Father's Occupation* Stone-cutter
10. *Father's Birthplace* Virginia

*Name of Medical Attendant, or other Person who makes this Return.* Louis W. Knight M.D.

*Address* 112 N. Greene

*Remarks*

Condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

71561

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE MAY 30 1888

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 21st May.
4. Place of Birth, (Street and Number) Baltimore Fulton Ave #361
5. Full Name of Mother, Josie M. Thomas.
6. Mother's Maiden Name, Josie M. Miller.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John M. Thomas.
9. Father's Occupation, Journalist.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 No Poppleton St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7156 2

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT BALTIMORE MAY 31 1894

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22nd of May 1894 |
| 4. *Place of Birth, (Street and Number)* | Clifton Balto Co. 624 Mary St 3 |
| 5. *Full Name of Mother,* | Catherine Alice Broll |
| 6. *Mother's Maiden Name,* | " " Gettier |
| 7. *Mother's Birthplace,* | Manchester Carroll Co. Md. |
| 8. *Full Name of Father,* | Henry Broll |
| 9. *Father's Occupation,* | Beef Butcher Lexington market |
| 10. *Father's Birthplace,* | Greenspring Valley Balto Co. |
| *Name of Medical Attendant,* or other Person who makes this Return | Susan Shuster |
| *Address,* | 216 N Appleton St |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

21563

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 30 1884 BALTIMORE

shall no other person to in at entrance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22 th 1884
4. *Place of Birth, (Street and Number)* 118 Register st
5. *Full Name of Mother,* Lizzie Keenan
6. *Mother's Maiden Name,* ~~Baltimore~~ Healy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Keenan
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other Person who makes this Return* Mrs Wiley

*Address.* No 12 Patterson Park ave

*Remarks,*

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 22 nd 1884

4. Place of Birth, (Street and Number) No 167 Fort av

5. Full Name of Mother, Hermine Batchlar

6. Mother's Maiden Name, Kunze

7. Mother's Birthplace, America

8. Full Name of Father, John Batchlar

9. Father's Occupation, Stonecutter

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return J. Schwarzer midwife

Address, 330 Hanover st.

Remarks,

29 MAR 1884 BALTIMORE

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

2/1165

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 30 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 23 May |
| 4. *Place of Birth, (Street and Number)* | 135 E Bond St |
| 5. *Full Name of Mother,* | Annie Leach |
| 6. *Mother's Maiden Name,* | Annie Kane |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | William Leach |
| 9. *Father's Occupation,* | Printer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs E Fray |
| *Address,* | No 193 Chas St |
| *Remarks,* | |

duty of the parent or parents o such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT MAY 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Forth Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th of may 1884
4. *Place of Birth, (Street and Number)* 129. South castle Street
5. *Full Name of Mother,* Catharine Ely.
6. *Mother's Maiden Name,* Tolland.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charles Henry. Ely
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Wiley

*Address,* No 12 Patterson Park ave

*Remarks,*

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7567

HEALTH DEPARTMENT MAY 30 1882 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6d Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 25 May
4. *Place of Birth, (Street and Number)* 236 Saratoga Street
5. *Full Name of Mother,* Lizzie Hebbel
6. *Mother's Maiden Name,* Lizzie Stephens
7. *Mother's Birthplace,* Brooklyn. N.Y.
8. *Full Name of Father,* William Hebbel
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Ottenberg Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. W. Macneal / Widwife /

*Address,* 228 Saratoga St.

*Remarks,*

LANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE MAY 30 1884

7/1568

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th May
4. Place of Birth, (Street and Number) 27 Ensor Street
5. Full Name of Mother, Kate Berger
6. Mother's Maiden Name, Kate Krausz
7. Mother's Birthplace, Baltimore M.D.
8. Full Name of Father, Frank C. H. Berger
9. Father's Occupation, Saloon
10. Father's Birthplace, Buffalo N.Y.

Name of Medical Attendant, or other Person who makes this Return Mrs. W. Meannel

Address, 228 Saratoga Street

Remarks, look out for more

LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7169

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child of Mother

1. *Sex, (state whether male or female)* Male ~~Female~~.

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Born 27 May 1884

4. *Place of Birth, (Street and Number)* 130 Pierce st.

5. *Full Name of Mother,* Magdalena Layfield

6. *Mother's Maiden Name,* Magdalena Ruby

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Steven Layfield

9. *Father's Occupation,* Stewarts Packing Shop

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Mannel Midwife

*Address,* 228 Saratoga sts.

*Remarks,*

LANY & CO., CITY PRINTERS AND STATIONERS

71570

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 30 1888 BALTIMORE

*No. of Child of Mother,* (~~state whether 1st, 2d, 3d, &c.~~) 6th

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the~~ white race)
3. *Date of Birth,* May 27th 1884.
4. *Place of Birth,* (*Street and Number*) 11 Clarke St
5. *Full Name of Mother,* Alice J. Laib.
6. *Mother's Maiden Name,* Alice J. Kurtz
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Edward W. Laib
9. *Father's Occupation,* Huckster.
10. *Father's Birthplace,* Baltimore City.

*Name of Medical Attendant,* or other Person who makes this Return John I. R. Brozeted.

*Address,* 273 Lexington St.

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 28th 1884
4. Place of Birth, (Street and Number) No 746 Hanover st
5. Full Name of Mother, Kate Blottenberger.
6. Mother's Maiden Name, Kate Hoover.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Jacob Blottenberger.
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return C Hunton

Address, No 79 Randall st Balto Md

Remarks,

TY PRINTERS AND STATIONERS

7157

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* C female

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* No 3 Sto Parris alley
4. *Place of Birth, (Street and Number)* May 28 1884
5. *Full Name of Mother,* Sarah Talbot
6. *Mother's Maiden Name,* Sarah Stephen
7. *Mother's Birthplace,* Philadphia
8. *Full Name of Father,* Joe Talbot
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* prince george Co md

*Name of Medical Attendant,* or other Person who makes this Return Charlott Proctor

*Address,* 10 Carlton st

*Remarks,* perfect

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7173

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 30 1888 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, April 14
4. Place of Birth, (Street and Number) Mcgunny St 84
5. Full Name of Mother, Elisebeth Sylvester
6. Mother's Maiden Name, Ratison
7. Mother's Birthplace, Acamac Va
8. Full Name of Father, nathaniel Sylvester
9. Father's Occupation, Single
10. Father's Birthplace, Westminster

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Howard St 368

Remarks,

CITY PRINTERS AND STATIONERS.

71574

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* April 20
4. *Place of Birth, (Street and Number)* Clarrit Aly no 10
5. *Full Name of Mother,* Emily Lewist
6. *Mother's Maiden Name,* Butler
7. *Mother's Birthplace,* Glyndner Rent Co
8. *Full Name of Father,* Samuel Lewist
9. *Father's Occupation,* Single
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Howard St 368

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* April 26
4. *Place of Birth, (Street and Number)* Howard St 280
5. *Full Name of Mother,* Francis Wilson
6. *Mother's Maiden Name,* Neil
7. *Mother's Birthplace,* Verginnia
8. *Full Name of Father,* Henry Wilson
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Verginnia

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Howard St 368

*Remarks,*

...ceriticate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...., CITY PRINTERS AND STATIONERS.

7576

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health*

**BALTIMORE CITY.**

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race)

3. *Date of Birth* May 26th 1884

4. *Place of Birth* (Street and Number) 331 North St. Near Chas

5. *Full Name of Mother* Kate Hagerty

6. *Mother's Maiden Name* Kate Bahn

7. *Mother's Birthplace* Fultonville Balto Co Md

8. *Full Name of Father* James Hagerty

9. *Father's Occupation* Moulder - Brass.

10. *Father's Birthplace* Baltimore

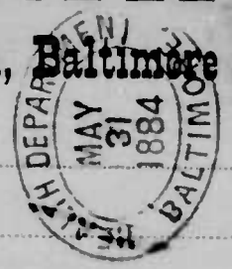
*Name of Medical Attendant, or other Person who makes this Return.* Leo A. Reynolds

*Address* 171 N. Calvert

*Remarks*

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**




No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 one

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) Color
3. Date of Birth, May the 26 th
4. Place of Birth, (Street and Number) Peach alley 11
5. Full Name of Mother, Harietta Smith
6. Mother's Maiden Name,
7. Mother's Birthplace, Calbert County Md
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Milley Gross

Address, N C H 12 Plum alley

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

1578

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 28 May

4. Place of Birth, (Street and Number) # 113 Hill street

5. Full Name of Mother, Mary Young

6. Mother's Maiden Name, Mary Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henson Young

9. Father's Occupation, Drayman

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other Person who makes this Return Milly Grose

Address, # 12 Plum Alley

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

11879

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY
30
1894
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 Kind |
| 1. *Sex, (state whether male or female)* | Madchen |
| 2. *Race or Color, (if not of the white race)* | Weiß |
| 3. *Date of Birth,* | Geboren 28ten Mayj |
| 4. *Place of Birth, (Street and Number)* | № 214 S. Bethel Str |
| 5. *Full Name of Mother,* | Rebsinse Träger |
| 6. *Mother's Maiden Name,* | Rebsinse Grüe |
| 7. *Mother's Birthplace,* | B. Deutschland. |
| 8. *Full Name of Father,* | Andwers Träger |
| 9. *Father's Occupation,* | Geber |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Friederike Kaufmann |
| *Address,* | № 202 S. Dallas Str |
| *Remarks,* | Hebamme |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered, as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

7110

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

RECEIVED MAY 30 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1tes Kind |
| 1. *Sex, (state whether male or female)* | Bub |
| 2. *Race or Color, (if not of the white race)* | Weiß |
| 3. *Date of Birth,* | Geboren den 28te May |
| 4. *Place of Birth, (Street and Number)* | No 5 Nord. Dunkel Alle |
| 5. *Full Name of Mother,* | Elisabeth Wagner |
| 6. *Mother's Maiden Name,* | Elisabeth Lindemann |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Lucius Wagner |
| 9. *Father's Occupation,* | Hausdoorleiter |
| 10. *Father's Birthplace,* | Deutschland. |
| *Name of Medical Attendant, or other Person who makes this Return* | Friederike Kaufmann |
| *Address.* | No 202. S. Dallas Str |
| *Remarks,* | Hebamme |

, CITY PRINTERS AND STATIONERS.

71581

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth May 29th 1884
4. Place of Birth (Street and Number) 230 St Paul St
5. Full Name of Mother Elma Buck
6. Mother's Maiden Name Elma Graflin
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard B Buck
9. Father's Occupation Merchant
10. Father's Birthplace Front Royal Va

Name of Medical Attendant, or other Person who makes this Return. Th F. Murdoch M D

Address 80 Read St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7/1552

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 29th |
| 4. *Place of Birth, (Street and Number)* | 125 Chew St |
| 5. *Full Name of Mother,* | Melissa Adler |
| 6. *Mother's Maiden Name,* | Melissa Staples |
| 7. *Mother's Birthplace,* | Balt |
| 8. *Full Name of Father,* | Isaac Adler |
| 9. *Father's Occupation,* | Brewer |
| 10. *Father's Birthplace,* | Balt |
| *Name of Medical Attendant,* or other Person who makes this Return | Daniel V Magee M D |
| *Address,* | 197 Aisquith Street |
| *Remarks.* | City |

ANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

11582

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* May 30 1884
4. *Place of Birth, (Street and Number)* 218 Columbia Ave
5. *Full Name of Mother* M. Annie Hoover
6. *Mother's Maiden Name* M. Annie Pitt
7. *Mother's Birthplace* Wheeling W Va.
8. *Full Name of Father* Edgar F Hoover
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. James A Fechtig M.D.

*Address* #182 Saratoga St.

*Remarks*

*name of the mother of such child or children.*

71584

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 brith

1. *Sex, (state whether male or female)* white
2. *Race or Color, (if not of the white race)* femal
3. *Date of Birth,* 6 Mai
4. *Place of Birth, (Street and Number)* Castelstreet No
5. *Full Name of Mother,* Mari Meninger
6. *Mother's Maiden Name,* " " Neubauer
7. *Mother's Birthplace,* Neukirch-Baiern-German
8. *Full Name of Father,* John Meninger
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return Mis Maurer

*Address,*

*Remarks,* Lombard Street No 278

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible] are recoverable.

CITY PRINTERS AND STATIONERS.

71585

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9 birth

1. *Sex, (state whether male or female)* mal
2. *Race or Color, (if not of the white race)* whit
3. *Date of Birth,* 7 Mai
4. *Place of Birth, (Street and Number)* Mcelri No 30 5
5. *Full Name of Mother,* Eva Schuch
6. *Mother's Maiden Name,* " " Sigrist
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Franz Schuch
9. *Father's Occupation,* Schumager
10. *Father's Birthplace,* Niederkirche-Sachsen-Garn.

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs. Maurer

*Remarks,* Lombardstr. No 275

...should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7158 6

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 birth |
| 1. *Sex, (state whether male or female)* | Jamal |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 13 Mai |
| 4. *Place of Birth, (Street and Number)* | Pratt street № 129. |
| 5. *Full Name of Mother,* | Lizzi Mueller |
| 6. *Mother's Maiden Name,* | Mendschein |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Friedrich Mueller |
| 9. *Father's Occupation,* | Cigarenmager |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs. Bauers |
| *Remarks,* | Lombard St № 278 |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71587

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1 birth |
| 1. Sex, (state whether male or female) | mal |
| 2. Race or Color, (if not of the white race) | whit |
| 3. Date of Birth, | 17 Mai |
| 4. Place of Birth, (Street and Number) | Chapel Street No 6 |
| 5. Full Name of Mother, | Angnes Vogel |
| 6. Mother's Maiden Name, | " " Mausel |
| 7. Mother's Birthplace, | Markt Leigerst-Baiern-German |
| 8. Full Name of Father, | Joseph Vogel |
| 9. Father's Occupation, | |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return | |
| Address, | Mrs. Maurer |
| Remarks, | Lombard Str No 275 |

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71588

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 23 birth |
| 1. *Sex, (state whether male or female)* | mal |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth,* | 22 Mai |
| 4. *Place of Birth, (Street and Number)* | Fayette Street No ~~108~~ 172 |
| 5. *Full Name of Mother,* | Mari King |
| 6. *Mother's Maiden Name,* | " " Arol |
| 7. *Mother's Birthplace,* | Baltimor |
| 8. *Full Name of Father,* | Lorenz King |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Baltimor |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Maura |
| *Address,* | |
| *Remarks,* | Lombard Street No 278 |

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71589

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 brith |
| 1. *Sex, (state whether male or female)* | mal |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth,* | 27 Mai |
| 4. *Place of Birth, (Street and Number)* | McCabe Str. No 308 |
| 5. *Full Name of Mother,* | Marie Bossenkamp |
| 6. *Mother's Maiden Name,* | " " Herrlein |
| 7. *Mother's Birthplace,* | Breitenbach - Preussen - Germ |
| 8. *Full Name of Father,* | Friederich Bossenkamp |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Osnabruck - Preussen - Germ |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs. Maurer |
| *Remarks,* | Lombard Street No 278 |

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71590

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 birth |
| 1. *Sex, (state whether male or female)* | mal |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth,* | 27 Mai |
| 4. *Place of Birth, (Street and Number)* | Hemstead Street No 135 |
| 5. *Full Name of Mother,* | Lizzie Fick |
| 6. *Mother's Maiden Name,* | " " Herr |
| 7. *Mother's Birthplace,* | Baltimor |
| 8. *Full Name of Father,* | Friedrich Fick |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Baltimor |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs. Maurer |
| *Remarks,* | Lombard Street No 278 |

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible] are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7197

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 May
4. *Place of Birth, (Street and Number)* 6 Gough
5. *Full Name of Mother,* Mary Dunnann
6. *Mother's Maiden Name,* Thorn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Dunnann
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 12 E. Lombard

*Remarks,*

CITY PRINTERS AND STATIONERS.

71592

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* ~~80 G~~ 12 May
4. *Place of Birth, (Street and Number)* 80 Granberry
5. *Full Name of Mother,* Fredericka Elsa
6. *Mother's Maiden Name,* Soad
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Elsa
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71593

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 31 1894 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the Births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 13

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14 May
4. *Place of Birth, (Street and Number)* 5-9 Frederick
5. *Full Name of Mother,* Mary Wurner
6. *Mother's Maiden Name,* Elbözer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Wurner
9. *Father's Occupation,* Shoe-maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 92 E. Lombard

*Remarks,*

CITY PRINTERS AND STATIONERS.

71594

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 May
4. *Place of Birth, (Street and Number)* 38 O. Pratt.
5. *Full Name of Mother,* Louisa Turnb
6. *Mother's Maiden Name,* Casper
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* William Turnb
9. *Father's Occupation,* Vinegar Depot
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 12 E. Lombard street

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7595

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) girl 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 1 May
4. Place of Birth, (Street and Number) 256 Central Avenue
5. Full Name of Mother, Elisabeth Luber
6. Mother's Maiden Name, Dillmann
7. Mother's Birthplace, Sorbn Rheinpreussen
8. Full Name of Father, Georges Luber
9. Father's Occupation,
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Emma Walker,

Address, 239 E. Eager Street

Remarks,

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71596

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
11
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1. 6 Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1st 1884.
4. *Place of Birth, (Street and Number)* No 55. S. Monroe St.
5. *Full Name of Mother,* Lizzie Schneider
6. *Mother's Maiden Name,* " " Bamer.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Schneider
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Lauberg.

*Name of Medical Attendant,* or other Person who makes this Return — Annie Lindner

*Address,* No 45 S. Monroe St.

*Remarks,*

PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7597

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 2 1904 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. [redacted] *(state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1 — 1894
4. *Place of Birth, (Street and Number)* 320 Layfayette Av.
5. *Full Name of Mother,* Mary E. Palmer Wilson
6. *Mother's Maiden Name,* Palmer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Clarence Wilson
9. *Father's Occupation,* Printer
10. *Father's Birthplace.* Annapolis Md

*Name of Medical Attendant,* or other Person who makes this Return Mary Stein

*Address,* 151 E Pratt St.

*Remarks,*

PRINTERS AND STATIONERS

# RETURN OF A BIRTH 71598

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. [redacted] *(state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 1 1884
4. *Place of Birth, (Street and Number)* 41 E. Pratt St.
5. *Full Name of Mother,* Ida Bertha Brandt
6. *Mother's Maiden Name,* Deist
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernest Peter Ludwig Brandt
9. *Father's Occupation,* Cement Floors
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary Stein

*Address,* 151 E Pratt St

*Remarks,*

PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

7/5/99

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8.

1. *Sex (state whether male or female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 1st 1884
4. *Place of Birth (Street and Number)* E. Henrietta St
5. *Full Name of Mother* Jennie Hoofer.
6. *Mother's Maiden Name* Jennie Leighton
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Joseph Hoofer.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mary R. Easter

*Address* 134 Hanover St. Baltimore Md

*Remarks* Living Well

name of the mother of such child or children.

71600

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 2. 1884
4. *Place of Birth, (Street and Number)* 24 E Biddle st
5. *Full Name of Mother,* Monica Baur
6. *Mother's Maiden Name,* Brennade
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robt. Baur
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary A Allwell

*Address,* 286 W Donogh st

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

71601

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* May 2d 1884
4. *Place of Birth, (Street and Number)* 18 Bank st
5. *Full Name of Mother,* Fannie Fernheimer
6. *Mother's Maiden Name,* " Herford
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Louis Fernheimer
9. *Father's Occupation,* Horse Dealer
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Betz

*Address,* 120 Bank st

*Remarks,*

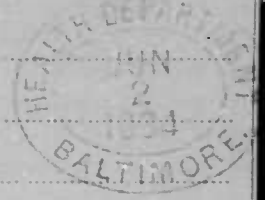
Birth of any child shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71602

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.




No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. [redacted] (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, May 2 - 1884

4. Place of Birth, (Street and Number) 50 E. Bethel St,

5. Full Name of Mother, Mary Wiliams

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Wiliams

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

[redacted]me of Medical Attendant, or other Person who makes this Return Mary Stein

Address, 191 E Brand St

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

11602

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 Mai
4. Place of Birth, (Street and Number) 264 Central Avenue,
5. Full Name of Mother, Doré Unchelbach
6. Mother's Maiden Name, Ullrich
7. Mother's Birthplace, Holtheim Bavern
8. Full Name of Father, Charles Unchelbach
9. Father's Occupation, carpenter
10. Father's Birthplace, Geiselbach Bavern

Name of Medical Attendant, or other Person who makes this Return Anna Walter

Address, 239 E. Eager Street.

Remarks,

TY PRINTERS AND STATIONERS.

71604

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 4th
4. *Place of Birth, (Street and Number)* No 25 Covington St
5. *Full Name of Mother,* Lizzie Jordling
6. *Mother's Maiden Name,* Lizzie Andra
7. *Mother's Birthplace,* Cassel Germany
8. *Full Name of Father,* Charles Jordling
9. *Father's Occupation,* Glass Work
10. *Father's Birthplace,* Prussa

*Name of Medical Attendant,* or other Person who makes this Return Kathrin Münch

*Address,* 1 Lardenhall Str

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71605

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Child.

1. [redacted] *(state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May. 4th. 1884.
4. *Place of Birth, (Street and Number)* No 76 Frederick av.
5. *Full Name of Mother,* Katie Schleuth.
6. *Mother's Maiden Name,* Eckert.
7. *Mother's Birthplace,* Helmershausen. Hessen.
8. *Full Name of Father,* Michle Schleuth.
9. *Father's Occupation,* Operator.
10. *Father's Birthplace,* Augsfeld. Bavarian.

[redacted] *Name of Medical Attendant,* or other Person who makes this Return Annie Lindner

*Address,* No 45 S. Monroe St.

*Remarks,*

PRINTERS AND STATIONERS

71606

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 child

1. *Sex, (state whether male or female)* Coy
2. *Race or Color, (if not of the white race)* =
3. *Date of Birth,* 4 May. 934 E. Eager street
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Hathie Zerhussen
6. *Mother's Maiden Name,* = Streb
7. *Mother's Birthplace,* Altmittelau Baiern
8. *Full Name of Father,* Henri Zerhussen
9. *Father's Occupation,* cigarrmacher
10. *Father's Birthplace,* Oldenburg.

*Name of Medical Attendant,* or other Person who makes this Return Anna Walter

*Address,* 939 E. Eager Street

*Remarks,*

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7607

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 5/84 |
| 4. *Place of Birth, (Street and Number)* | 290 Hollins. |
| 5. *Full Name of Mother,* | Mary M. McKenzie |
| 6. *Mother's Maiden Name,* | Jones |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | N. H. McKenzie |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Va |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Opie |
| *Address,* | 179 N. Howard |
| *Remarks,* | |

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71608

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 5th 1884
4. Place of Birth, (Street and Number) 61 Caroline St
5. Full Name of Mother, Ellen Buttler
6. Mother's Maiden Name, " Kernred
7. Mother's Birthplace, City
8. Full Name of Father, Martin Buttler
9. Father's Occupation, Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank St

Remarks,

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71609

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6th May.
4. *Place of Birth, (Street and Number)* 378 Hamburg str.
5. *Full Name of Mother,* Louise Gubernatis.
6. *Mother's Maiden Name,* Louise Kleinheun
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* J. Gubernatis
9. *Father's Occupation,* Piano maker.
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Miss Münch.

*Address,* S.W. Cor. Leadenhall & Montgommery St.

*Remarks,*

Birth of any child shall occur without the attendance of a physician, or of a person who should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71610

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

REGISTRAR'S DEPARTMENT JUN 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color ~~(if not~~ of the white race)*
3. *Date of Birth* 5.7.84
4. *Place of Birth (Street and Number)* 216 Sharp
5. *Full Name of Mother* Mary Bilson
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Jno. Bilson
9. *Father's Occupation* painter -
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. L. M. Eastman

*Address* 349 Lexl.

*Remarks* Natural -

name of the mother of such child or children.

71611

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Born May 7, 1884

4. *Place of Birth, (Street and Number)* Baltimore, # 223 S. Charles

5. *Full Name of Mother,* Mrs Charlotte Hetzell

6. *Mother's Maiden Name,* Miss " Guther

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Mr Jacob Hetzell

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mr Minch

*Address,* 1 Leadenfall Av

*Remarks,*

Birth of any child shall be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71612

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 8th 1884
4. Place of Birth, (Street and Number) 273 Hanover st
5. Full Name of Mother, Marguret Anna Schenkel
6. Mother's Maiden Name, M. A. Aro
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Peter A Schenkel
9. Father's Occupation, Confectioner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Kathrin Münch

Address, 1 Leadenhall St

Remarks,

AND STATIONERS.

71816

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 8th
4. Place of Birth, (Street and Number) 76 Leadenhall St
5. Full Name of Mother, Elizabeth Waldschmidt
6. Mother's Maiden Name, Elizabeth Nagengast.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Waldschmidt
9. Father's Occupation, Frame Joiner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs A Hinch

Address, 1 Leadenhall St

Remarks,

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUN 1 1904 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 9/04 |
| 4. *Place of Birth, (Street and Number)* | 161 N. Calvert St |
| 5. *Full Name of Mother,* | Mary Carter |
| 6. *Mother's Maiden Name,* | " Llewellyn |
| 7. *Mother's Birthplace,* | Richmond Va |
| 8. *Full Name of Father,* | Henry Mayo Carter |
| 9. *Father's Occupation,* | Architect & Builder |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Opie M.D. |
| *Address,* | |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

716 15

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 10th 1884
4. Place of Birth, (Street and Number) 59 Penn Alley
5. Full Name of Mother, Katie Smith
6. Mother's Maiden Name, Katie Henson
7. Mother's Birthplace, Accomac Co Va
8. Full Name of Father, Charles Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Pikesville Md

Name of Medical Attendant, or other Person who makes this Return Mary Thompson

Address, 28 Dolphine St

Remarks, three weeks before time

shall no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71616

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 May 1884
4. *Place of Birth, (Street and Number)* 4 St Peter St
5. *Full Name of Mother,* Maria Schleich
6. *Mother's Maiden Name,* Maria Reichert
7. *Mother's Birthplace,* Epphausen (Germany)
8. *Full Name of Father,* ~~Shoemaker~~ Heinrich Schleich
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Calw (Germany)

*Name of Medical Attendant,* or other Person who makes this Return L. Heldmann M.D.

*Address,* 120 Pearl St

*Remarks,*

...LANY & CO., CITY PRINTERS AND STATIONERS

MAIDEN NAME ADDED 3-7-52

# RETURN OF A BIRTH

7617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

Helen May Born

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 10th May 1884

4. Place of Birth, (Street and Number) 364 Saratoga st.

5. Full Name of Mother, Emma Born

6. Mother's Maiden Name, Emma Shuck

7. Mother's Birthplace, Wilmington

8. Full Name of Faiher, Carl P. Born

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

77618

HEALTH DEPARTMENT JUN 1894 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 6th 1894.
4. *Place of Birth, (Street and Number)* 74 Pearl Street,
5. *Full Name of Mother,* Kate Madler Jacke.
6. *Mother's Maiden Name,* Kate Madler.
7. *Mother's Birthplace,* Baltimore,
8. *Full Name of Father,* Christian Jacke.
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Katrine Seebeck

*Address,* 497 West Pratt street

*Remarks,*

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7 1619

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd ½ |
| 1. *Sex, (state whether male or female)* | ~~white~~ male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 6 May. |
| 4. *Place of Birth, (Street and Number)* | 135 Vine Street Baltimore |
| 5. *Full Name of Mother,* | Catherine Schmidt |
| 6. *Mother's Maiden Name,* | Catherine Heck |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | John Schmidt. |
| 9. *Father's Occupation,* | Wagoner. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return | Katrina Seebach |
| *Address,* | 139 West Pratt Street |
| *Remarks,* | |

Y PRINTERS AND STATIONERS

# RETURN OF A BIRTH 71624

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | fifth child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | fifth day of May |
| 4. *Place of Birth, (Street and Number)* | Baltimore No. 37 Kamay st. |
| 5. *Full Name of Mother,* | Mrs. Lizzie Kiel |
| 6. *Mother's Maiden Name,* | Lizzie Burger |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Fredrick Kiel |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Seabach |
| *Address,* | |
| *Remarks,* | Cora aline |

Y PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71621

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 5th

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, May 8
4. *Place of Birth*, (*Street and Number*) 43 Portland Street
5. *Full Name of Mother*, Mary Mainz
6. *Mother's Maiden Name*, Mary Stein
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John Mainz
9. *Father's Occupation*, Policeman
10. *Father's Birthplace*. Baltimore

*Name of Medical Attendant*, or other Person who makes this Return Catherine Seebach

*Address*, 439 W. Pratt Street

*Remarks*,

PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-16-51

7162

# RETURN OF A ~~BIRTH~~.

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

Name: Grace Darling Banks

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 3rd 1884
4. *Place of Birth (Street and Number)* 246 Central ave
5. *Full Name of Mother* Kate Banks
6. *Mother's Maiden Name* " Taylor
7. *Mother's Birthplace* City
8. *Full Name of Father* Wm. H. Banks
9. *Father's Occupation* Painter
10. *Father's Birthplace* City

*Name of Medical Attendant, or other Person who makes this Return.* E. B. Henby, M. D.

*Address* N. E. Cor. Eden & Biddle Sts.

*Remarks*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

716 2 (3

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 10th /84
4. *Place of Birth, (Street and Number)* 94 Druid-Hill Ave.
5. *Full Name of Mother,* Minnie Friese
6. *Mother's Maiden Name,* Minnie Bockelman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* George Friese
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Annie Dussler.

*Remarks,* 60 North Schroeder, S.E.

Should no other person be in at chance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

71624

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday 11 May 1884
4. *Place of Birth, (Street and Number)* 53 Parkin st
5. *Full Name of Mother,* Ella d Kittner
6. *Mother's Maiden Name,* Ella d McGee
7. *Mother's Birthplace,* Washington dc
8. *Full Name of Father,* Henry Kittner
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* City Balto

*Name of Medical Attendant,* or other Person who makes this Return Miss Celock Midwife

*Address,*

*Remarks,*

PRINTERS AND STATIONERS

71625

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white Female
3. Date of Birth, May 11th 1884 morning 4 Clock
4. Place of Birth, (Street and Number) Lafenton Street No 41
5. Full Name of Mother, Margaretha ~~[illegible]~~ Hauck
6. Mother's Maiden Name, Margaretha Schleeweis
7. Mother's Birthplace, Steinsfurth Amt Sinsheim Baden
8. Full Name of Father, Johann Hauck
9. Father's Occupation, Lever
10. Father's Birthplace, Steinsfurth Amt Sinsheim Baden

Name of Medical Attendant, or other Person who makes this Return Katherine Münch

Address, 1 Leadenhall Str

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~Dec~~ May 12th 1884
4. Place of Birth, (Street and Number) 88 Myrtle Ave
5. Full Name of Mother, Olivia Gibson
6. Mother's Maiden Name, " Bangs
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Winnerfield Pearson
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Geo. W. Benson M.D.

Address, 144 Hanover St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71627

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
MAY 31
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 of May

4. Place of Birth, (Street and Number) 544 Eastern Ave

5. Full Name of Mother, Annie Pfeifer

6. Mother's Maiden Name, Wiegand

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Pfeifer

9. Father's Occupation, Barn maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Behnken

Address, 54 Essex St.

Remarks, Eastern

its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, City Printers and Stationers.

71628

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 3 1904 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* May 12th; 8:15 P.M.
4. *Place of Birth, (Street and Number)* No. 87 McHenry St
5. *Full Name of Mother,* Mary Margaret Patterson,
6. *Mother's Maiden Name,* Thrift
7. *Mother's Birthplace,* Mortimer W. Va.
8. *Full Name of Father,* George Patterson,
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto. City.

*Name of Medical Attendant, or other Person who makes this Return.* Wm. McAllerdice

*Address,* Cor. Columbia Ave & Fremont St

*Remarks,* Child in good physical condition & living

...IET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

7629

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
31 MAY 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) ~~White~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 of May 84

4. Place of Birth, (Street and Number) 38 North Exeter St

5. Full Name of Mother, Laura Sutton

6. Mother's Maiden Name, King

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Morris Sutton

9. Father's Occupation, Car Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs K. Ellis

Address, 38 N Exeter St

Remarks,

CITY PRINTERS AND STATIONERS.

716 30

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 12th
4. *Place of Birth, (Street and Number)* 342 S Sharp st
5. *Full Name of Mother,* Kate Helmetag
6. *Mother's Maiden Name,* Kate Heinlein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Emil Helmetag
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Bathrin Wiemf

*Address,* 1 Lawrenfall St

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, he should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71631

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 12th 1884
4. *Place of Birth, (Street and Number)* No 14 Ridgely St
5. *Full Name of Mother,* Maggie Hoppe
6. *Mother's Maiden Name,* Maggie Leidig
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Frederick J. Hoppe
9. *Father's Occupation,* Railroading
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Munch. Midwife

*Address,* 1 Leadenhall Av

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of medicine, to should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH, 71632

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth 12 of May
4. Place of Birth, (Street and Number) Baltimor City East St 95
5. Full Name of Mother Lizzie E Smith
6. Mother's Maiden Name Lizzie E Gray
7. Mother's Birthplace Baltimore City
8. Full Name of Father George Smith
9. Father's Occupation Libbry Stable
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address ambomphor 9 unsreet meat

Remarks

name of the mother of such child or children.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JAN 1 1894 BALTIMORE

71683

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* ~~60 Vine St~~ May 12th 1884
4. *Place of Birth, (Street and Number)* 60 Vine St
5. *Full Name of Mother,* Elizabeth Burke
6. *Mother's Maiden Name,* J E Frisby
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Burke
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return Mary Thompson

*Address,* 28 Josephine St

*Remarks,* None

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7 16 34

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 13th 1884
4. *Place of Birth, (Street and Number)* 63 Short St.
5. *Full Name of Mother,* Mary Bauer
6. *Mother's Maiden Name,* " Pfitzmaier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Bauer
9. *Father's Occupation,* Butter
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Regina A. Winter

*Address,* 186 Harford Ave

*Remarks,*

shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A Co., City Printers and Stationers.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Maximillian ~~Schiller~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 14 January
4. Place of Birth, (Street and Number) 61 Harrison St
5. Full Name of Mother, Barbara (Babica) (Schiller) Schiller
6. Mother's Maiden Name, Schiller
7. Mother's Birthplace, Prussia
8. Full Name of Father, Bernard (Schiller) Schiller
9. Father's Occupation, Second hand Dealer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs. Rose Ulbig

Address, 48 Holland St

Remarks,

HEALTH DEPARTMENT RECEIVED MAY 31 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

71636

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 the

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 of May
4. *Place of Birth, (Street and Number)* 552 Canton Ave
5. *Full Name of Mother,* Mary Kluge
6. *Mother's Maiden Name,* Feed
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ignase Kluge
9. *Father's Occupation,* Kapper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs G. Behnken

*Address,* 54 Essex St

*Remarks,* Canton

...ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...o., City Printers and Stationers.

# RETURN OF A BIRTH

7163

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, May 15

4. Place of Birth, (Street and Number) Woodyear No 30

5. Full Name of Mother, Henry Linney

6. Mother's Maiden Name, Hennney Beese

7. Mother's Birthplace, Quaker Neck

8. Full Name of Father, Charles F Linney

9. Father's Occupation, farming

10. [redacted] Father's Birthplace, Church hill

Name of Medical Attendant, or other Person who makes this Return Georgeanner Web

Address, 36 Stockalley

Remarks, .....

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

7765

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 13th 1884

4. *Place of Birth, (Street and Number)* No 118 S Register St

5. *Full Name of Mother,* Margaretta Shelton

6. *Mother's Maiden Name,* Wolcott

7. *Mother's Birthplace,* City

8. *Full Name of Father,* Custis Shelton

9. *Father's Occupation,* Cooper

10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Bell

*Address,* 120 Bank St.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

71639

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 16 – 1884
4. *Place of Birth, (Street and Number)* 67 Granby St.
5. *Full Name of Mother,* Bridget Horner
6. *Mother's Maiden Name,* Gorman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Horner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Stein

*Address,* 151 E Pratt

*Remarks,*

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co. City Printers and Stationers

71640

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 16th 1884
4. *Place of Birth, (Street and Number)* 423 Little Alice Ave.
5. *Full Name of Mother,* Elizabeth ~~Beyer~~ Rinehardt
6. *Mother's Maiden Name,* " Beyer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Frank Rinehardt
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Betz

*Address,* 120 Rand St

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of [illegible]timate children, and any person or persons who [illegible] hereafter fail to comply with the provisions of this [illegible]ion shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

71641

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 16th 1884
4. *Place of Birth, (Street and Number)* 72 S. Register St.
5. *Full Name of Mother,* Albertine DeFrey
6. *Mother's Maiden Name,* " Martin
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Henry DeFrey
9. *Father's Occupation,* Tinet
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Rets

*Address,* 120 Bank St.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of [illegible] ultimate children, and any person or persons who [illegible] hereafter fail to comply with the provisions of this [illegible] shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties [illegible] recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First (1) |
| *1. Sex, (state whether male or female)* | Male |
| *2. Race or Color, (if not of the white race)* | |
| *3. Date of Birth,* | May 16th 1884 |
| *4. Place of Birth, (Street and Number)* | 253 Harford Ave |
| *5. Full Name of Mother,* | Kate Rosenstiel |
| *6. Mother's Maiden Name,* | Murphy |
| *7. Mother's Birthplace,* | Baltimore Md |
| *8. Full Name of Father,* | Charles Rosenstiel |
| *9. Father's Occupation,* | Gilder |
| *10. Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Regina A Wentz |
| *Address,* | 256 Harford Ave |
| *Remarks,* | |

HEALTH DEPARTMENT JUN 1884 BALTIMORE

shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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71643

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 17th 1884
4. *Place of Birth, (Street and Number)* 37 Rose St
5. *Full Name of Mother,* Mary Blank
6. *Mother's Maiden Name,* " Vale
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Marcus Blank
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Betz

*Address,* 100 Bank St.

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this [illegible] shall be subject to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 17th
4. Place of Birth, (Street and Number) 44 Amity st
5. Full Name of Mother, —
6. Mother's Maiden Name, Caroline Richwren,
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charlie Stewart
9. Father's Occupation, Inspector
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Annie Dunler.

Remarks, at North Schoreder St.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71645

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4 Child |
| 1. Sex, (state whether male or female) | Femal. |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | May. 17th 1884. |
| 4. Place of Birth, (Street and Number) | N. 16. Bruce. St. |
| 5. Full Name of Mother, | Theresa. Miller |
| 6. Mother's Maiden Name, | " " " |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Simon Miller |
| 9. Father's Occupation, | Teamster. |
| 10. Father's Birthplace, | Kranks. Hessen. |
| Name of Medical Attendant, or other Person who makes this Return | Annie Linder |
| Address, | No 45 S. Monroe St. |
| Remarks, | |

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7146

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 18 May

4. Place of Birth, (Street and Number) 132 Ramsey st

5. Full Name of Mother, Elizabeth Brady

6. Mother's Maiden Name, Hartman

7. Mother's Birthplace, Balto Md

8. Full Name of Father, William Brady

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Mrs Dunmer

Address, No 60 N Schroder st

Remarks,

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7164

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 5th |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | May 19th 84 |
| 4. *Place of Birth* (Street and Number) | 52 Bruce st |
| 5. *Full Name of Mother* | Wilhelmina Bassler |
| 6. *Mother's Maiden Name* | " Schiffach |
| 7. *Mother's Birthplace* | Baltimore City |
| 8. *Full Name of Father* | John Frederick Bassler |
| 9. *Father's Occupation* | merchant |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jas E. Gibbons M.D. |
| *Address* | 47 Edmondson ave |
| *Remarks* | |

# RETURN OF A BIRTH

7 1648

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1894 BALTIMORE

of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Baisquith May 19. 1894 |
| 4. *Place of Birth, (Street and Number)* | 58 Aisquith Street |
| 5. *Full Name of Mother,* | Mary Lawson |
| 6. *Mother's Maiden Name,* | Donelly |
| 7. *Mother's Birthplace,* | Balto City |
| 8. *Full Name of Father,* | Edward Lawson |
| 9. *Father's Occupation,* | On W. M. Rail Road |
| 10. *Father's Birthplace,* | Ohio |
| *Name of Medical Attendant, or other Person who makes this Return* | Mahony Brown M.D. |
| *Address,* | 66 McCulloh St. |
| *Remarks,* | |

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# RETURN OF A BIRTH

71649

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th May

4. Place of Birth, (Street and Number) 5 Winterlings (Court) Madiera Alley

5. Full Name of Mother, Barbara Siblen

6. Mother's Maiden Name, Single

7. Mother's Birthplace, Baube (Bavaria

8. Full Name of Father, =

9. Father's Occupation, =

10. Father's Birthplace, =

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Behnken

Address, 54 Essex St.

Remarks, Eantun

Its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 4 1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 19th May
4. Place of Birth, (Street and Number) No 9 S. Appleton st
5. Full Name of Mother, Lezetta Seim
6. Mother's Maiden Name, Lezette Beyer
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, John Seim
9. Father's Occupation, Tailor
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return Mrs Annie Dammler

Address, 60 North Schroeder St.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71651

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.) child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Child
3. Date of Birth, 17 of may
4. Place of Birth, (Street and Number) 65 James Ally
5. Full Name of Mother, Cora Schneider
6. Mother's Maiden Name, Cora Wagner
7. Mother's Birthplace, in Germany
8. Full Name of Father, George Schneider
9. Father's Occupation, laborer
10. Father's Birthplace, in Baltimore

Name of Medical Attendant, or other Person who makes this Return Katharine Munch

Address, 1 Sweetenhall Ave

Remarks,

birth of any child shall fever without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11652

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 19th 1884

4. Place of Birth, (Street and Number) 211 N Lancaster St

5. Full Name of Mother, Louisa Schriver

6. Mother's Maiden Name, Seifert

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm Schriver

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Daly

Address, 120 Front

Remarks,

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71653

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 Prospect Lane
4. Place of Birth, (Street and Number) May 20 1884
5. Full Name of Mother, Lena Smith
6. Mother's Maiden Name, Hoffman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Smith
9. Father's Occupation, Curries
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonogh st

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71654

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* May 20th 1884
4. *Place of Birth, (Street and Number)* No. 84 Mash Market Space
5. *Full Name of Mother,* Mrs. Bertha Scattergood
6. *Mother's Maiden Name,* Bertha Ficliger
7. *Mother's Birthplace,* Egg Harbor City New Jersey
8. *Full Name of Father,* Mr. Harry C. Scattergood
9. *Father's Occupation,* Plumber and Gas Fitter
10. *Father's Birthplace,* Philadelphia Pa.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Seebock

*Address,*

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ~~2~~ No 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20 / 84
4. *Place of Birth, (Street and Number)* 435 Lexington St
5. *Full Name of Mother,* Margaret ~~Beyer~~ Schmelz
6. *Mother's Maiden Name,* " Beyer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Schmelz
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Thomas Opie

*Address,* 179 N. Howard St

*Remarks,*

...of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties recoverable.

CITY PRINTERS AND STATIONERS.

71656

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 2 1894 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Negro
3. Date of Birth May 21st '94
4. Place of Birth (Street and Number) 46 Vine St.
5. Full Name of Mother Amelia Williams
6. Mother's Maiden Name Amelia Gross
7. Mother's Birthplace Balto. City
8. Full Name of Father Charles Williams
9. Father's Occupation Laborer
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner

Address 120. N. Greene St.

Remarks

# RETURN OF A BIRTH

7167

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT MAY 31 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male twins
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 May
4. *Place of Birth, (Street and Number)* 12 Exeter
5. *Full Name of Mother,* Siggie Simhoff
6. *Mother's Maiden Name,* Bamm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Simhoff
9. *Father's Occupation,* Baber
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 12. E. Lombard

*Remarks,*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71658

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 22d 1884
4. *Place of Birth, (Street and Number)* 11 Madeira alley
5. *Full Name of Mother,* Lizzie Igenbattan
6. *Mother's Maiden Name,* " Shabas
7. *Mother's Birthplace,* England
8. *Full Name of Father,* William Igenbattan
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* England

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Betz

*Address,* 120 Banks st

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, in should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalti[illegible] recoverable.

CITY PRINTERS AND STATIONERS.

7,659

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 9th |
| *1. Sex* (state whether Male or Female) | Female |
| *2. Race or Color* (if not of the white race) | White |
| *3. Date of Birth* | May 22nd 1884 |
| *4. Place of Birth* (Street and Number) | 695 Lexington st |
| *5. Full Name of Mother* | Mary E. Walter |
| *6. Mother's Maiden Name* | Mary E. Walter |
| *7. Mother's Birthplace* | Baltimore city |
| *8. Full Name of Father* | George M. Walter |
| *9. Father's Occupation* | Express agent |
| *10. Father's Birthplace* | Baltimore city |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jas. E. Gibbons M. D. |
| *Address* | 47 Edmondson ave |
| *Remarks* | |

71660

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 22 - 1884

4. Place of Birth, (Street and Number) 44 E. Pratt St.

5. Full Name of Mother, Johanna Reider

6. Mother's Maiden Name, Meyer

7. Mother's Birthplace, Germany

8. Full Name of Father, Gustav H. Reider

9. Father's Occupation, Store-Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Pratt St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

7161

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 22nd 1884 |
| *4. Place of Birth (Street and Number)* | 29 N. Biddle St. |
| *5. Full Name of Mother* | Julia Van Ness Buzby |
| *6. Mother's Maiden Name* | " " Hutton |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Sam'l Stockton Buzby |
| *9. Father's Occupation* | Merchant |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr. Wm. S. Howard |
| *Address* | 161 Madison Avenue |
| *Remarks* | Natural labor, & a No. 1 fine healthy baby. |

CERTIFICATE CORRECTED 5-19-54

7166

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 1884 BALTIMORE

HEALTH DEPARTMENT JUN 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

Name: Charles Roderick

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of May, 1884
4. Place of Birth, (Street and Number) 68 Essex St
5. Full Name of Mother Elizabeth (~~Linz~~) (Radrick) Roderick
6. Mother's Maiden Name, " (=) (Knecht) Young
7. Mother's Birthplace, Wasserlos (Bavaria
8. Full Name of Father, Thomas (Radrick) Roderick
9. Father's Occupation, a Waterboat
10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Behnken

Address, 54 Essex St

Remarks, Canton

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Co., City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 4 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, 22nd of May 1894
4. Place of Birth, (Street and Number) 159 Dover Street Baltimore Md
5. Full Name of Mother, Mrs. Mary Hartman
6. Mother's Maiden Name, Miss Mary Williams
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr John Hartman
9. Father's Occupation, Hack Driver
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Instrack

Address,

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& Co., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1664

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and death[illegible] of illegitimate children, and any person or pers[illegible] who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dol[illegible] for each offence, to be recovered as other fines and pe[illegible]s are recoverable.

HEALTH DEPARTMENT JUN 3 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) femal
2. Race or Color, (if not of the white race) wht.
3. Date of Birth, 22 May 1894
4. Place of Birth, (Street and Number) 28 morris alley
5. Full Name of Mother, Teresa C. Creighton
6. Mother's Maiden Name, " Calahan
7. Mother's Birthplace, md
8. Full Name of Father, Jno. F Creighton
9. Father's Occupation, Telegraph operator
10. Father's Birthplace, md

Name of Medical Attendant, or other Person who makes this Return G Lane Tanyhill

Address, 219 madison ave

Remarks,

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

7665

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 22d 84 |
| 4. *Place of Birth, (Street and Number)* | 172 Fairmount ave |
| 5. *Full Name of Mother,* | Mary M King |
| 6. *Mother's Maiden Name,* | " " Arold |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Lawrence King |
| 9. *Father's Occupation,* | Mechanic |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Okie |
| *Address,* | 179 N Howard |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7666

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1. Child

1. *Sex, (state whether male or female)* male.

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May. 22nd 1884.

4. *Place of Birth, (Street and Number)* No 52. S. Schroder. D.

5. *Full Name of Mother,* Aggie Thomy.

6. *Mother's Maiden Name,* Wyman.

7. *Mother's Birthplace,* Baltimore Co'ty.

8. *Full Name of Father,* John. Thomy.

9. *Father's Occupation,* Black. Smith.

10. *Father's Birthplace.* Baltimore Co'ty.

*Name of Medical Attendant,* or other Person who makes this Return Annie Sinard.

*Address,*

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

71667

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE.

o the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *hether Male or Female)* | female |
| *lor (if not of the white race)* | Collored |
| *rth* | May |
| *Birth (Street and Number)* | Stockholm street No 10 |
| *of Mother* | Fannie McCann |
| *Maiden Name* | Fannie Johnson |
| *Birthplace* | richmond Via |
| *of Father* | William McCann |
| *ccupa* | labourer |
| *irthplace* | annapolis Md |
| *Medical Attendant,* or other Person who makes this return | Marity M Boulden |

CITY PRINTERS AND STATIONERS.

7668

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the First

1. Sex, (state whether male or female) both male and female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 23 of may 1884

4. Place of Birth, (Street and Number) No 17 Burke st

5. Full Name of Mother, Emma Mcginnis

6. Mother's Maiden Name, Emma Hamel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Arther Mcginnis

9. Father's Occupation, Wiskey Distellery.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 17 Patterson Park ave

Remarks,

...CITY PRINTERS AND STATIONERS.

...birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH 71669

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, May. 23rd 1884
4. Place of Birth, (Street and Number) No. 11 Simon St.
5. Full Name of Mother, Maggie Haigh
6. Mother's Maiden Name, Rice
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Francis Haigh
9. Father's Occupation, Conductor.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Annie Lindner

Address, No. 45 S. Monroe St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

77670

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 11 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 23d 1894

4. Place of Birth, (Street and Number) 817 S Bond St

5. Full Name of Mother, Anna Hurley

6. Mother's Maiden Name, Arnold

7. Mother's Birthplace, City

8. Full Name of Father, Frank Hurley

9. Father's Occupation, Driver

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Dr Elizabeth Reed

Address, 120 Bond St

Remarks,

...

...

...

71671

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JAN 11 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth (6) |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Jan 23d 1884 |
| 4. *Place of Birth, (Street and Number)* | 24 Hilman st |
| 5. *Full Name of Mother,* | Jane McIntyre |
| 6. *Mother's Maiden Name,* | " Davis |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Michael McIntyre |
| 9. *Father's Occupation,* | Hostler |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Regina A Winkler |
| *Address,* | 186 Harford Ave |
| *Remarks,* | |

shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Co., City Printers and Stationers.

71672

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* May 24 1884
4. *Place of Birth, (Street and Number)* 113 S Register st
5. *Full Name of Mother.* Caterina Gunther
6. *Mother's Maiden Name,* " Fitzgerald
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Thomas Gunther
9. *Father's Occupation,* Chairmaker
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Fitz

*Address,* 120 Bank st

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of the [illegible]tion shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

71673

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24th 1884
4. *Place of Birth, (Street and Number)* 220 S. Paca St
5. *Full Name of Mother,* Elizabeth Melchoir
6. *Mother's Maiden Name,* " Shade
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Frank L. Melchoir
9. *Father's Occupation,* Preserver
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return Geo. H. Benson M.D.

*Address,* 144 S Canover St

*Remarks,*

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

71674

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 birth |
| 1. *Sex, (state whether male or female)* | mal |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth,* | 24 Mai |
| 4. *Place of Birth, (Street and Number)* | Castelstr. No 153 |
| 5. *Full Name of Mother,* | Magi Berie |
| 6. *Mother's Maiden Name,* | " " Cenn |
| 7. *Mother's Birthplace,* | Baltimor |
| 8. *Full Name of Father,* | John Berie |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Baltimor |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Maura |
| *Remarks,* | Lombardstr. No 248 |

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PRINTERS AND STATIONERS.

71675

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 birth

1. Sex, (state whether male or female) mal
2. Race or Color, (if not of the white race) whet
3. Date of Birth, 24 Mai
4. Place of Birth, (Street and Number) Dugan Street No
5. Full Name of Mother, Magdalene Gotz
6. Mother's Maiden Name,
7. Mother's Birthplace, Neustadt an the Eisch-Baiern-Ger.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs. Maurer

Remarks, Lo m Card Street No 278

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71676

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24/84
4. *Place of Birth, (Street and Number)* 194 Columbia Ave
5. *Full Name of Mother,* Elizabeth Jordan
6. *Mother's Maiden Name,* " Gilley
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Richard H. Jordan
9. *Father's Occupation,* Case Maker
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.C.D.

*Address,* 146 Hanover St. for R.D.

*Remarks,*

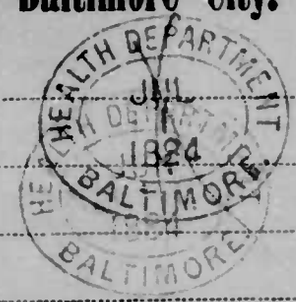
Certificate between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

71677

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.




No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 May

4. Place of Birth, (Street and Number) 291 Canton Ave

5. Full Name of Mother, Ilse de Boer

6. Mother's Maiden Name, — Bahman

7. Mother's Birthplace, Grimerssum (Hannover) Germ

8. Full Name of Father, John de Boer

9. Father's Occupation, Laborer

10. Father's Birthplace, Emden (Hannover) Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Behnken

Address, 54 Essex St

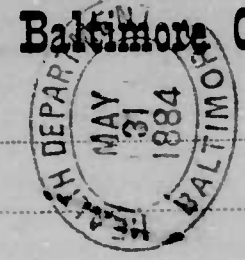
Remarks, Canton

ance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Co., City Printers and Stationers.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**




| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 birth |
| 1. *Sex, (state whether male or female)* | I mael |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth,* | 25 mai |
| 4. *Place of Birth, (Street and Number)* | Anna Street No 60 |
| 5. *Full Name of Mother,* | Dora Dombraskie |
| 6. *Mother's Maiden Name,* | " " Galfskie |
| 7. *Mother's Birthplace,* | Grossschonbruck—Posen |
| 8. *Full Name of Father,* | Emil Dombraskie Europ |
| 9. *Father's Occupation,* | Schumger |
| 10. *Father's Birthplace,* | Grossschonbruck |
| *Name of Medical Attendant,* or other Person who makes this Return | J |
| *Address,* | Mrs. Maurer |
| *Remarks,* | Lombard Street No 278 |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

71679

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 25th 1884 |
| *4. Place of Birth (Street and Number)* | Charles St - |
| *5. Full Name of Mother* | Ella Hartman |
| *6. Mother's Maiden Name* | Ella Hartman |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | |
| *9. Father's Occupation* | |
| *10. Father's Birthplace* | |
| *Name of Medical Attendant, or other Person who makes this Return.* | Dr A Cooke MD |
| *Address* | 110 Fort Ave |
| *Remarks* | |

# RETURN OF A BIRTH

71680

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 25 May 1884

4. Place of Birth, (Street and Number) 51 Dover St

5. Full Name of Mother, Louie Harris

6. Mother's Maiden Name,

7. Mother's Birthplace, Chester Town Kent Co Md

8. Full Name of Father, Denis O'Gurney

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return Mary Primrose

Address, No 51 Dover St

Remarks, geting a long nicely

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 25 84 |
| 4. *Place of Birth, (Street and Number)* | 167 George |
| 5. *Full Name of Mother,* | Elizabeth A Pumphrey |
| 6. *Mother's Maiden Name,* | " " Lawton |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles H Pumphrey |
| 9. *Father's Occupation,* | Salesman. |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Opie |
| *Address,* | 179 N. Howard St |
| *Remarks,* | |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

11682

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25th 1884
4. Place of Birth, (Street and Number) N. W. Cor. of McCulloh & McMechen Sts
5. Full Name of Mother, Julia E. Swindell
6. Mother's Maiden Name, " " Kriegel
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. E. Swindell
9. Father's Occupation, Manufacturer of Glass
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Geo. H. Benson M.D.

Address, 164 Hanover St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

7168

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | No 3 |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 26 '84 |
| *4. Place of Birth (Street and Number)* | 104 W Fayette St |
| *5. Full Name of Mother* | Henriette Lachenmeyer |
| *6. Mother's Maiden Name* | |
| *7. Mother's Birthplace* | City of Baltimore |
| *8. Full Name of Father* | Edward H Lachenmeyer |
| *9. Father's Occupation* | Keeps Livery Stables |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | A Aronstuel M.D. |
| *Address* | 276 W. Fayette St |
| *Remarks* | |

# RETURN OF A BIRTH

7168 24

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, May 26th 1884

4. Place of Birth, (Street and Number) S. Charles St. S. of Fort Av.

5. Full Name of Mother, Abbe Schultz

6. Mother's Maiden Name, " Hays.

7. Mother's Birthplace, Cecil Co. Md.

8. Full Name of Father, Wm Schultz

9. Father's Occupation, Fireman.

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return R. J. H. Tall, M.D.

Address, 152 Sharp St.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUN 4 1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 26
4. Place of Birth, (Street and Number) 454 W. Pratt st
5. Full Name of Mother, Laura Emilie Fuchs
6. Mother's Maiden Name, " " Treuchel
7. Mother's Birthplace, Neuenburg West Prussia Germany
8. Full Name of Father, Nathaniel Fuchs
9. Father's Occupation, Cabinet Finisher
10. Father's Birthplace, Neuenburg West Prussia Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Seebach

Address, 439. West Pratt st.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

71686

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 26 1884
4. *Place of Birth, (Street and Number)* 161 Lee st.
5. *Full Name of Mother,* Sophia Abel
6. *Mother's Maiden Name,* Sophia Pfisterer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Abel
9. *Father's Occupation,* Workster
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Kunigunda Pfisterer

*Address,* 20 Columbia Ave.

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH, 71687

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

JUN 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| 1. *Sex (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | May 26th 1884 |
| 4. *Place of Birth, (Street and Number)* | # 10 Ridgely st. |
| 5. *Full Name of Mother* | Elizth C. Heinzerling |
| 6. *Mother's Maiden Name* | Gaucer |
| 7. *Mother's Birthplace* | Balto city |
| 8. *Full Name of Father* | Emil Heinzerling |
| 9. *Father's Occupation* | Dry Goods & Notions |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | R.C. 522 |
| *Address* | Hanover & Barre sts |
| *Remarks* | |

Condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 71688

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* May 26/84
4. *Place of Birth, (Street and Number)* 149 E. Lombard St.
5. *Full Name of Mother* Mary A. Batchler
6. *Mother's Maiden Name* " " Yakel
7. *Mother's Birthplace* Hessa Darmstadt Germany
8. *Full Name of Father* Edward M. Batchler
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Balto.

*Name of Medical Attendant,* or other Person who makes this Return. Edward [illegible] Deitch

*Address* 54 Aisquith St

*Remarks* The child was only 6 month period of Gestation

lived 6 hours after delivery

name of the mother of such child or children.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

11689

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 8 te

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 7. 84
4. Place of Birth, (Street and Number) S. Register Co. 10
5. Full Name of Mother, Katharina Schuhmacher
6. Mother's Maiden Name, Becker
7. Mother's Birthplace, Balt.
8. Full Name of Father, Johan Schuhmacher
9. Father's Occupation, Tailor
10. Father's Birthplace, Bremen

Name of Medical Attendant, or other Person who makes this Return Wm. Joh. Burdach

Address, N. Wolfe St. 14

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7690

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 12

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 11. 84
4. Place of Birth, (Street and Number) N. Schapped No 54
5. Full Name of Mother, Theresa Stubler
6. Mother's Maiden Name, Herf
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Jacob Stubler
9. Father's Occupation, Leiner
10. Father's Birthplace, Oestreich

Name of Medical Attendant, or other Person who makes this Return Wm. Joh. Rambach,

Address, N. Wolf 14

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71691

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* 4

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 10. 84.
4. *Place of Birth, (Street and Number)* Fairmonth No. 87
5. *Full Name of Mother,* Margarethe Roth
6. *Mother's Maiden Name,* Mekeleskij
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Heinrich Roth
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Raubach

*Address,* South Wolfstr No 14

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible]ents of such child to report its birth to the Board o[illegible]alth, in the manner, and within the period abo[illegible]quired, except in the cases of the births and deaths [illegible]legitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions of [illegible]s section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

11692

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 6 1894 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 11. 84
4. Place of Birth, (Street and Number) S. Register str 95
5. Full Name of Mother, Josephine Schettel
6. Mother's Maiden Name, Forster
7. Mother's Birthplace, Balt.
8. Full Name of Father, Johann Schettel
9. Father's Occupation, Bäcker
10. Father's Birthplace, Bayern

Name of Medical Attendant, or other Person who makes this Return Wm Joh. Rauch

Address, S. Wolf 14

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

7169 B

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 8 te

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 13. 84.
4. *Place of Birth, (Street and Number)* N. Durham str 39
5. *Full Name of Mother,* Margaretha Dinnelein
6. *Mother's Maiden Name,* Berthold
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Georg Dinnelein
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Mrs. J. Raubach

*Address,* S. Wolf 14

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible]nts of such child to report its birth to the Board of [illegible]alth, in the manner, and within the period ab[illegible]quired, except in the cases of the births and deaths [illegible] legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

7694

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Mar 14. 1884
4. Place of Birth, (Street and Number) South Wolfst No 10
5. Full Name of Mother, Anna Schneider
6. Mother's Maiden Name, Bambach
7. Mother's Birthplace, Schlesien
8. Full Name of Father, Michael Schneider
9. Father's Occupation, Barber
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanna Bambach

Address, South Wolfst No 14

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

# NOTICE

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# RETURN OF A BIRTH 71695

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

*Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 24 1884

4. *Place of Birth, (Street and Number)* 1321 Lanvale

5. *Full Name of Mother,* Ella Nora Jones

6. *Mother's Maiden Name,* Fairall

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Owens J. Jones

9. *Father's Occupation,* Machinist

*Father's Birthplace.* St. Mary's Co. Md

*Name of Medical Attendant,* or other Person who makes this Return John Hood

*Address,* 594 W. Fayette St.

*Remarks,* Fine baby

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE

CO., CITY PRINTERS AND STATIONERS

71696

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24th 1884
4. Place of Birth, (Street and Number) 113 S. High Street
5. Full Name of Mother, Mary Antoinette Callahan
6. Mother's Maiden Name, " " Buckeimer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm A. Callahan
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, James J. McShane M.D.

Address, 410 E. Pratt Street

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be [illegible] fail to comply with the provisions of this section, shall be [illegible] to the fine of ten (10) dollars for each offence to be re[illegible]ed as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

71647

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 27 84.
4. Place of Birth, (Street and Number) N. Koestel str 62.
5. Full Name of Mother, Elisabeth Bachmann
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Preussen
8. Full Name of Father, Theodor Bachmann
9. Father's Occupation, Putscher
10. Father's Birthplace, Hessen

Name of Medical Attendant, or other Person who makes this Return Mrs. Joh. Ranbach

Address, S. Wolf str 14

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible]ents of such child to report its birth to the Board of [illegible]alth, in the manner, and within the period ab[illegible]quired, except in the cases of the births and deaths [illegible] illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

7698

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 26th 1884 |
| 4. *Place of Birth, (Street and Number)* | 119 Vincent St. |
| 5. *Full Name of Mother,* | Caroline Schroepfer |
| 6. *Mother's Maiden Name,* | " Bernhardt |
| 7. *Mother's Birthplace,* | Prussia |
| 8. *Full Name of Father,* | Corporal Gotfried Schroepfer |
| 9. *Father's Occupation,* | Barber |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary E. Ott |
| *Address,* | 324 South Eutaw St |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11699

HEALTH DEPARTMENT JUN BALTIMORE

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 26th 1884

4. *Place of Birth, (Street and Number)* 368 Eastern Ave

5. *Full Name of Mother,* Maria Wisner

6. *Mother's Maiden Name,* " Colbeck

7. *Mother's Birthplace,* City

8. *Full Name of Father,* John Wisner

9. *Father's Occupation,* Cooper

10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Dr Elizabeth Bell

*Address,* 120 Broadway

*Remarks,*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71700

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 & 7th

1. *Sex, (state whether male or female)* Twins (Female)
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27th May 1884
4. *Place of Birth, (Street and Number)* 83 Battery avenue
5. *Full Name of Mother,* Toluca Morris
6. *Mother's Maiden Name,* " Porter
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Elijah Morris
9. *Father's Occupation,* Sea Captain
10. *Father's Birthplace,* Balt

*Name of Medical Attendant,* or other Person who makes this Return J. W. Webster

*Address,* 57 Barnes

*Remarks,*

...ITY PRINTERS AND STATIONERS

...parents, and the maiden name of the mother of such child or children."

71701

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Children

1. Sex, (state whether male or female) Two. Male & Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27th 1884 12 20 P.M.

4. Place of Birth, (Street and Number) 124 S Broadway

5. Full Name of Mother, M. E. Lawler

6. Mother's Maiden Name, M. E. Lilly

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, A. J. Lawler

9. Father's Occupation, Fancy Store

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return James E Dwinelle M.D.

Address, 299 E Baltimore St.

Remarks,

...birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71702

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* 27th May 1884
4. *Place of Birth, (Street and Number)* 35 Lee
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* " Wiedhofer
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Stephen Miller
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Balt

*Name of Medical Attendant,* or other Person who makes this Return J. W. Webster Jr.

*Address,* 57 Bare

*Remarks,*

TY PRINTERS AND STATIONERS

7170 (3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27th 1884
4. *Place of Birth, (Street and Number)* 45 Clavet Alley
5. *Full Name of Mother,* Rosa Lint
6. *Mother's Maiden Name,* " Schwindt
7. *Mother's Birthplace,* Switzerland
8. *Full Name of Father,* Geo Lint
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Switzerland

*Name of Medical Attendant,* or other Person who makes this Return Mary Koch

*Address,* 328 South Entaw St

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

717024

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 27th 1884.
4. Place of Birth, (Street and Number) No 44 Lexington st
5. Full Name of Mother, Mary C Clarke
6. Mother's Maiden Name, Mary C Metz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Caspar C Clarke
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Harmony

Address, No 18 Byrd st.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7170

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 27th 1884

4. *Place of Birth, (Street and Number)* 355 Eastern Ave

5. *Full Name of Mother,* Mary E Loudon

6. *Mother's Maiden Name,* " " Wright

7. *Mother's Birthplace,* City

8. *Full Name of Father,* James Loudon

9. *Father's Occupation,* Painter

10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Bell

*Address,* 120 Bank St

*Remarks,*

, CITY PRINTERS AND STATIONERS.

7170

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male & Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 24th 1884

4. Place of Birth, (Street and Number) 532 W. Fayette st

5. Full Name of Mother, Matty A. Walls

6. Mother's Maiden Name, " " Mapp

7. Mother's Birthplace, E. Shore of Virginia

8. Full Name of Father, Geo. E. Walls

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Geo. K. Benson M.D.

Address, 164 Hanover

Remarks, Dual Birth

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

11707

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 girl

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 May
4. Place of Birth, (Street and Number) Eden Street near Gai street
5. Full Name of Mother, Maggie Ullrich
6. Mother's Maiden Name, M. E. Schiffauer
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Charles Ullrich
9. Father's Occupation, Schumacher
10. Father's Birthplace, Hoffheim Baiern

Name of Medical Attendant, or other Person who makes this Return Emma Walter

Address, 239 E. Eager street

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71708

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 of May 184
4. *Place of Birth, (Street and Number)* 34 N. Eden Street
5. *Full Name of Mother,* Amelia Hess
6. *Mother's Maiden Name,* — — Bann
7. *Mother's Birthplace,* Pensylvania
8. *Full Name of Father,* George Hess
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Pensylvania

*Name of Medical Attendant,* or other Person who makes this Return Mr Bose Ulbig

*Address,* 48 Holland St

*Remarks,*

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

71709

HEALTH DEPARTMENT
MAY
31
1884
BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| *1. Sex (state whether Male or Female)* | 2 Males |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | May 27 |
| *4. Place of Birth (Street and Number)* | Baltimore County |
| *5. Full Name of Mother* | Leona Miller |
| *6. Mother's Maiden Name* | Leona Mulley |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | John Meiller |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs M. Shaffer |
| *Address* | 114 Ridgley st. |
| *Remarks* | |

# RETURN OF A BIRTH

7770

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
MAY 31 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27th 1884

4. Place of Birth, (Street and Number) 19 Clinton Ave.

5. Full Name of Mother, Ida Berger

6. Mother's Maiden Name, Anderson

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Julius Berger

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D.

Address, 506 Madison Ave.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7/711

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
MAY
31
1884
BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | May 27th 1884 |
| 4. *Place of Birth* (Street and Number) | 245 Saratoga St |
| 5. *Full Name of Mother* | Roberta S. Baden |
| 6. *Mother's Maiden Name* | " " Hudgins |
| 7. *Mother's Birthplace* | Virginia |
| 8. *Full Name of Father* | James Early Baden |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jas. E. Gibbons M.D. |
| *Address* | 47 Edmondson Ave |
| *Remarks* | |

71712

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 28 — 1884
4. Place of Birth, (Street and Number) 178 E Pratt St.
5. Full Name of Mother, Caroline Frank
6. Mother's Maiden Name, Maisolle
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm Frank
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E Pratt St,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

# RETURN OF A BIRTH

7171 3

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28th May 1884
4. *Place of Birth, (Street and Number)* 327 Light
5. *Full Name of Mother,* Annie Ford
6. *Mother's Maiden Name,* " Harrison
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Geo. W Ford
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balt

*Name of Medical Attendant,* or other Person who makes this Return H. W. Webster

*Address,* 87 Barnes

*Remarks,*

...ITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-13-55

# RETURN OF A BIRTH 71714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

Leo Herman Wubbold

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, May. 28th 1884
4. Place of Birth, (Street and Number) No. 192. Hollins St.
5. Full Name of Mother, Augusta Wubbold.
6. Mother's Maiden Name, .... Reis.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry. Wubbold.
9. Father's Occupation, Cigar Maker.
10. Father's Birthplace, Oldenburg Germany.

Name of Medical Attendant, or other Person who makes this Return Anna. Lindner

Address, No. 45 S. Monroe, St.

Remarks,

PRINTERS AND STATIONERS

71715

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th 1884
4. *Place of Birth, (Street and Number)* No 92 N. Stricker St
5. *Full Name of Mother,* Rosa Elizabeth Debrick
6. *Mother's Maiden Name,* Rosa Elizabeth Rothauge
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* George Debrick
9. *Father's Occupation,* Clirk
10. *Father's Birthplace,* Baltimore Maryland

*Name of Medical Attendant,* or other Person who makes this Return Catherine Seebach

*Address,* 439 West Pratt Street

*Remarks,*

Birth or any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

11716

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) "
3. Date of Birth, May 12th 1884
4. Place of Birth, (Street and Number) 38 Pine Street
5. Full Name of Mother, Sophie Newmann
6. Mother's Maiden Name, Skeumann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Kuhn Newmann
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft.

Address, 61 Penna Ave

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JAN 7 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) "
3. Date of Birth, May 13/84
4. Place of Birth, (Street and Number) 224 Aliceanna
5. Full Name of Mother, Kate Bittorf
6. Mother's Maiden Name, Kreib
7. Mother's Birthplace, Germany
8. Full Name of Father, Otto Bittorf
9. Father's Occupation, Bäcker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft.

Address, 61 Penna Ave.

Remarks,

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) "

3. Date of Birth, May 15/84

4. Place of Birth, (Street and Number) 172 Washington st.

5. Full Name of Mother, Susie Steier

6. Mother's Maiden Name, Köhler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Steier

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, 61 Penna Ave

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

41719

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) "

3. Date of Birth, May 21/84

4. Place of Birth, (Street and Number) 1847 S. Dallastead

5. Full Name of Mother, Minnie Kapp

6. Mother's Maiden Name, Ströhlein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Kapp

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft

Address, 61 Penna Ave

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71756

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) "

3. Date of Birth, May 24/84

4. Place of Birth, (Street and Number) 556 Fulton Ave

5. Full Name of Mother, Kate Sues

6. Mother's Maiden Name, Ramsey"

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Sues

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, 61 Pennsylvania Ave.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7-7-21

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) "

3. Date of Birth, May 24/84

4. Place of Birth, (Street and Number) 241 Canton Ave

5. Full Name of Mother, Laura Bass

6. Mother's Maiden Name, Daniels

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Bass

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft

Address, 61 Penna Ave.

Remarks,

Any other person in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITS PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1884 BALTIMORE

May 1st 1884

And 1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 28th 1884

4. Place of Birth, (Street and Number) 147½ York Street

5. Full Name of Mother, Ellajena Groves

6. Mother's Maiden Name, " Lough

7. Mother's Birthplace, Balt city md

8. Full Name of Father, David Grave

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt city md

Name of Medical Attendant, or other Person who makes this Return mid wife Mary E. Dennis

Address, No 2 Peach Alley

Remarks,

Y PRINTERS AND STATIONERS

7173

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 28 May
4. Place of Birth, (Street and Number) 322 N. Gay Street
5. Full Name of Mother, Jannie Hamburger
6. Mother's Maiden Name, Steinbach
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Adolph Hamburger
9. Father's Occupation, Gents Furnishing Goods
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Rose Albig

Address, 48 Holland St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71724

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTH. DEPARTMENT MAY 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th 1884
4. *Place of Birth, (Street and Number)* 312 Wm St
5. *Full Name of Mother,* Camilla Earle
6. *Mother's Maiden Name,* " , Reynolds
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Jno R Earle
9. *Father's Occupation,* Car Repairer
10. *Father's Birthplace,* Wo

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke & Co

*Address,* 146 Hanover St p. L. B

*Remarks,*

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties recoverable.

CITY PRINTERS AND STATIONERS.

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# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 28, 1884
4. *Place of Birth, (Street and Number)* 103 N Wolfe St
5. *Full Name of Mother,* Estelle R Corea
6. *Mother's Maiden Name,* Getzendaner
7. *Mother's Birthplace,* Frederick Md
8. *Full Name of Father,* Geo. H Corea
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mary A Allwell

*Address,* 286 McDonogh St

*Remarks,*

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71726

# RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st & 2d |
| 1. *Sex (state whether Male or Female)* | Male & Female - |
| 2. *Race or Color (if not of the white race)* | Colored |
| 3. *Date of Birth* | May 28th 84 |
| 4. *Place of Birth (Street and Number)* | 6 Edward St |
| 5. *Full Name of Mother* | Hughes |
| 6. *Mother's Maiden Name* | Brown |
| 7. *Mother's Birthplace* | Balto - |
| 8. *Full Name of Father* | Johnnie Hughes |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Balto |
| *Name of Medical Attendant, or other Person who makes this Return.* | Irving Miller MD |
| *Address* | 179 East Monument St |
| *Remarks* | [redacted] |

71727

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 2d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 29 of May 1884
4. *Place of Birth, (Street and Number)* No 8 Forrest Place
5. *Full Name of Mother,* Kate Woods
6. *Mother's Maiden Name,* Kate McGraw
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Woods
9. *Father's Occupation,* Wh Whole Sale Liquor Dealer
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Mrs Christina Sauer

*Address,* No 173 Harford Ave

*Remarks,* Baltimore Md.

1884

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first.

1. Sex, (state whether male or female) male!

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 29. May. 1884.

4. Place of Birth, (Street and Number) Saratoga #360.

5. Full Name of Mother, Christiana Neuhaus.

6. Mother's Maiden Name, Christiana Keppler

7. Mother's Birthplace, Neuenbürg. (Würtemberg.) Germany

8. Full Name of Father, Ido Neuhaus.

9. Father's Occupation, Fancy Goods maker

10. Father's Birthplace, Chemnitz (Sachsen) Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Flannel! Mr. Horn. Dr:

Address, Dr: Horn S. E. Cor. Maberry & Chatsworth Att Balto

Remarks, (No.) Mrs Mannel Saratoga #t 228.

ARY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, May the 29, 1884
4. Place of Birth, (Street and Number) N. Dallas St. N° 41.
5. Full Name of Mother, Barbara Ludseh
6. Mother's Maiden Name, Barbara Eckhardt
7. Mother's Birthplace, Bischwind b. Bayern Germany
8. Full Name of Father, Johann G. Ludseh
9. Father's Occupation, Laborer
10. Father's Birthplace, Bischwind b. Bayern, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. N° 26

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

11730

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 29 1884

4. Place of Birth, (Street and Number) 197 N Bethel St

5. Full Name of Mother, Catherine E Chevillon

6. Mother's Maiden Name, Zalonff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. H. Chevillon

9. Father's Occupation, Harness Maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary A Elwell

Address, 286 N Donough st

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 29th '84 |
| 4. *Place of Birth, (Street and Number)* | #34 Leadenhall St. |
| 5. *Full Name of Mother,* | Anna Knapp |
| 6. *Mother's Maiden Name,* | " Thorn |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Hy. Knapp |
| 9. *Father's Occupation,* | Cigar Manf'r |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Kook |
| *Address,* | 328 South Eutaw St. |
| *Remarks,* | |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars ... such offence, to be recovered as other fines and penal... are recoverable.

...ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

11732

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, May the 29, 1884
4. Place of Birth, (Street and Number) S. Broadway No. 1246
5. Full Name of Mother, Margaretha Lunzemann
6. Mother's Maiden Name, Margaretha Hammann
7. Mother's Birthplace, Hepsisau, K. Würtemberg, Germany
8. Full Name of Father, John A. Lunzemann
9. Father's Occupation, Tinner
10. Father's Birthplace, Oberforschütz, K. Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St No. 26

Remarks,

should no other person be to be charged upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 29. 1884 |
| 4. *Place of Birth, (Street and Number)* | 2. Heath st |
| 5. *Full Name of Mother,* | Jennie C. Travers |
| 6. *Mother's Maiden Name,* | Crowdis |
| 7. *Mother's Birthplace,* | Richmond |
| 8. *Full Name of Father,* | Samuel Travers |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Manchester County |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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HEALTH DEPARTMENT JUN 3 1884 BALTIMORE.

should no other person be in attendance upon the mother, immediately hereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | white race |
| 3. *Date of Birth,* | May the 24 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Hull St No 56 |
| 5. *Full Name of Mother,* | Bettie S Rice |
| 6. *Mother's Maiden Name,* | Cornell |
| 7. *Mother's Birthplace,* | New york |
| 8. *Full Name of Father,* | gorge w Rice |
| 9. *Father's Occupation,* | puddler |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Elizabeth Hathcock |
| *Address,* | william st No 254 |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7735

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, may 19th 1884

4. Place of Birth, (Street and Number) 410 N. Gilmore st

5. Full Name of Mother, Mary R. Tardwell

6. Mother's Maiden Name, Mary R. McLaughlin

7. Mother's Birthplace, B. City

8. Full Name of Father, Wm. R. Tardwell

9. Father's Occupation, Plumber

10. [redacted]ather's Birthplace, B'e

Name of Medical Attendant, or other Person who makes this Return J. Harvey Hill M.D.

Address, S.E. Cor. Calhoun & [illegible]

Remarks, [illegible]

[redacted]LANY & CO., CITY PRINTERS AND STATIONERS

71736

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 29
4. Place of Birth, (Street and Number) Baltimore Cross st. No 516
5. Full Name of Mother, Mary Jane Jennings
6. Mother's Maiden Name, Mary Jane Personett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Jennings
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary J. Shaffer

Address, 114 Ridgley St.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

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# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 31 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29th 1884
4. *Place of Birth, (Street and Number)* 22 Conway St
5. *Full Name of Mother,* Susan E Schenkle
6. *Mother's Maiden Name,* " " Briston
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Schenkle
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Conway St. for D.B.

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71738

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, May 29/1884
4. Place of Birth, (Street and Number) 149 Chaple St
5. Full Name of Mother, Maggie Hockins
6. Mother's Maiden Name, Maggie Hutdson
7. Mother's Birthplace, Prinsann County
8. Full Name of Father, Charlie Hockins
9. Father's Occupation, Rag buisness
10. Father's Birthplace, Eastern shore

Name of Medical Attendant, or other Person who makes this Return Lucinda Woolford

Address, 130. Regester St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

71739.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* five children

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 29th 1884
4. *Place of Birth (Street and Number)* Baltimore vine street # 7
5. *Full Name of Mother* Annie togood
6. *Mother's Maiden Name* Sarah Hebrew
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* James togood
9. *Father's Occupation* Coal Cart Driver
10. *Father's Birthplace* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Sarah Hebrew # 200 Raborg street

*Remarks*

# RETURN OF A BIRTH 71740

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child

1. [redacted] (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, May. 30th 1884.
4. Place of Birth, (Street and Number) N. 43 S. Monroe St.
5. Full Name of Mother, Mary Lizzie Mussel.
6. Mother's Maiden Name, [illegible] Winkler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Mussel.
9. Father's Occupation, Carpenter.
10. [redacted]ther's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Anna London

Address, N. 45 S. Monroe St.

Remarks,

PRINTERS AND STATIONERS

71741

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| *1. Sex, (state whether male or female)* | Male |
| *2. Race or Color, (if not of the white race)* | |
| *3. Date of Birth,* | 418 E Lhare st |
| *4. Place of Birth, (Street and Number)* | May 30th 1884 |
| *5. Full Name of Mother,* | Francis Moore |
| *6. Mother's Maiden Name,* | Dahle |
| *7. Mother's Birthplace,* | Baltimore Md |
| *8. Full Name of Father,* | Henry Moore |
| *9. Father's Occupation,* | Carpenter |
| *10. Father's Birthplace,* | Howard Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Regina A. Winter |
| *Address,* | 186 Harford ave |
| *Remarks,* | |

its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, City Printers and Stationers.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 5 1884 BALTIMORE

11742

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 30 ed 1884
4. *Place of Birth, (Street and Number)* 526 Light St.
5. *Full Name of Mother,* Esabella Hartlowe
6. *Mother's Maiden Name,* Collins
7. *Mother's Birthplace,* America
8. *Full Name of Father,* John Hartlowe
9. *Father's Occupation,* Conducter
10. *Father's Birthplace,* America

*Name of Medical Attendant,* or other Person who makes this Return J. Schwasser midwife

*Address,* 330 Hanover St.

*Remarks,*

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT MAY 31 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 30 May
4. *Place of Birth, (Street and Number)* 293 Gay St
5. *Full Name of Mother,* Augusta Minsle
6. *Mother's Maiden Name,* " Koch
7. *Mother's Birthplace,* Balt Md.
8. *Full Name of Father,* August Minsle
9. *Father's Occupation,* Basket maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Rosa

*Address,* Ulbig

*Remarks,* 48 Holland

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 30. 1884

4. Place of Birth, (Street and Number) 204 N Chester St

5. Full Name of Mother, Anna Jones

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Thos. Jones

9. Father's Occupation, Mariner

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mary A McCall

Address, 246 McDonough st

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71745

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Little Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, May 30th 1884

4. Place of Birth, (Street and Number) No. 2 Whilem city

5. Full Name of Mother, Mrs. Witzhey

6. Mother's Maiden Name, Carolena Norham

7. Mother's Birthplace, West Preusa Germany

8. Full Name of Father, Mr. Rudolph Witzhey

9. Father's Occupation, Blacksmith by Trade

10. Father's Birthplace, West Preusa Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Killer

Address, 1017 West Pratt st city

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Jan 30 1894 |
| 4. *Place of Birth, (Street and Number)* | 114 Clement st |
| 5. *Full Name of Mother,* | Irene Williams |
| 6. *Mother's Maiden Name,* | Hagan |
| 7. *Mother's Birthplace,* | Charles County |
| 8. *Full Name of Father,* | George T Williams |
| 9. *Father's Occupation,* | Ship Carpenter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May the 30th
4. Place of Birth, (Street and Number) No 290 Durham St.
5. Full Name of Mother, Falina Wheiss
6. Mother's Maiden Name, Kilmyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Wheiss
9. Father's Occupation, Copper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Louisa Schulte

Address, No 246 Chew St.

Remarks,

HEALTH DEPARTMENT BALTIMORE 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the Births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

74748

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUN 1 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th May.
4. Place of Birth, (Street and Number) No. 879 Eager St.
5. Full Name of Mother, Aggie Edell
6. Mother's Maiden Name, Killmeyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Edell.
9. Father's Occupation, City St. Cart
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Schulte

Address, No. 246 Chew St.

Remarks,

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 11749

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30th day of May 1884.
4. *Place of Birth, (Street and Number)* 228 Saratoga str. Balto.
5. *Full Name of Mother,* Martha Louisa Baumgarten
6. *Mother's Maiden Name,* " " " "
7. *Mother's Birthplace,* Zwikau. Saxonia. Germany.
8. *Full Name of Father,*
9. *Father's Occupation,* She is not maried. The father
10. *Father's Birthplace,* of this child life in Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. W. Maennel Midwife

*Address,* 228 Saratoga str. Balto. Md.

*Remarks,*

ANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7/1/84

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 30th 1884
4. Place of Birth, (Street and Number) N. E. Cor. Hanover & Randall.
5. Full Name of Mother, Estelle Andrew
6. Mother's Maiden Name, Estelle Everett
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, George Andrew
9. Father's Occupation, Labourer
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return C. Hinton

Address, 79 Randall

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 5 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May 23d 1884 |
| 4. *Place of Birth, (Street and Number)* | No 173 Raborg St Baltimore Md. |
| 5. *Full Name of Mother,* | Mary H. Johnson. |
| 6. *Mother's Maiden Name,* | Mary H. Jenkins |
| 7. *Mother's Birthplace,* | No 24 Raborg St. Baltimore City |
| 8. *Full Name of Father,* | Floyd W Johnson. |
| 9. *Father's Occupation,* | Waiter |
| 10. *Father's Birthplace,* | No 60 Vine St Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | Eliza Cornish. |
| *Address,* | No 1 Slaughter House Alley. |
| *Remarks,* | |

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7/752

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [redacted]

1. Sex, (state whether male or female) [redacted]

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 24/84

4. Place of Birth, (Street and Number) Columbia Ave

5. Full Name of Mother, Emma Whitman

6. Mother's Maiden Name, Wipman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Whitman

9. Father's Occupation, Moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return H. L. Friedenwald M.D.

Address, 387 W. Lombard St

Remarks,

7175

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 27 1884
4. *Place of Birth (Street and Number)* 53 Cumberland St.
5. *Full Name of Mother* Yeatman
6. *Mother's Maiden Name* Mitchell
7. *Mother's Birthplace*
8. *Full Name of Father* James Yeatman
9. *Father's Occupation* Car Driver
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. A C Pole MD

*Address* No 1 North Av

*Remarks*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

71754

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

born, as of their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)* | 7 2/4. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 28 1884. |
| *4. Place of Birth (Street and Number)* | 646 Druid Hill Avenue |
| *5. Full Name of Mother* | Price |
| *6. Mother's Maiden Name* | Annie Shea |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | D. H. Price |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Eastern Shore |
| *Name of Medical Attendant, or other Person who makes this Return.* | A. C. Poley M.D. |
| *Address* | No 1 North Ave |
| *Remarks* | |

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 71702

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) [redacted]

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 24/84

4. Place of Birth, (Street and Number) * Columbia Ave

5. Full Name of Mother. Emma Whartman

6. Mother's Maiden Name, Wyman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Wartman

9. Father's Occupation, Moulder

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return H. L. Friar M.D.

Address, 387 W Lombard

Remarks,

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE

7175 3

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)*

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 27. 1884
4. *Place of Birth (Street and Number)* 53 Cumberland St.
5. *Full Name of Mother* Yeatman
6. *Mother's Maiden Name* Mitchell
7. *Mother's Birthplace*
8. *Full Name of Father* James Yeatman
9. *Father's Occupation* Car Driver
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. A C Pole MD

*Address* No 1 North Av

*Remarks*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

71754

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)* | 7th. |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 28 1884. |
| *4. Place of Birth (Street and Number)* | 616 Druid Hill Avenue |
| *5. Full Name of Mother* | Price |
| *6. Mother's Maiden Name* | Jennie Shea |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | D. H. Price |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Eastern Shore |
| *Name of Medical Attendant, or other Person who makes this Return.* | A. C. Poley M.D. |
| *Address* | 101 North Ave |
| *Remarks* | |

*born, as to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 30/84 |
| 4. *Place of Birth, (Street and Number)* | 508 Lexington St |
| 5. *Full Name of Mother,* | Henrietta Slunt |
| 6. *Mother's Maiden Name,* | " Deitrick |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Slunt |
| 9. *Father's Occupation,* | Worker in Hair |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Opie |
| *Address,* | 179 N. Howard |
| *Remarks,* | |

TY PRINTERS AND STATIONERS.

Missing

71756 - 71760, incl.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT JUN 5 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1 st Child |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | May 31 st 1884 |
| 4. Place of Birth, (Street and Number) | 351 West st |
| 5. Full Name of Mother, | Anna Albrecht |
| 6. Mother's Maiden Name, | Steinbock |
| 7. Mother's Birthplace, | America |
| 8. Full Name of Father, | Friedrich Albrecht |
| 9. Father's Occupation, | Restaurant |
| 10. Father's Birthplace, | America |
| Name of Medical Attendant, or other Person who makes this Return | J. Schwasser midwife |
| Address, | 330 Hanover st. |
| Remarks, | |

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a [illegible]titioner of midwifery, or should no other pers[illegible] in attendance upon the mother, immediately thereat [illegible]t shall then become the duty of the parent o[illegible]ents of such child to report its birth to the Board of [illegible]ealth, in the manner, and within the period abo[illegible]required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Children

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31th May at quarter of 4
4. *Place of Birth, (Street and Number)* Essex st 30,
5. *Full Name of Mother,* Mary Lessey Felling
6. *Mother's Maiden Name,* " Moser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ernest Luis Felling
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* [illegible]

*Remarks,*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7762

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 31 May
4. Place of Birth, (Street and Number) 117 Mullikin St
5. Full Name of Mother, Ella Miller
6. Mother's Maiden Name, " Home
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Home
9. Father's Occupation, Painter
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return Mrs. Rose Ulbey

Address, 118 Holland St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7173

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 31 May

4. Place of Birth, (Street and Number) No 9 Chappel st

5. Full Name of Mother, Lue Stepney

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto County

8. Full Name of Father, no name

9. Father's Occupation, — —

10. Mother's Birthplace, — —

Name of Medical Attendant, or other Person who makes this Return Ellen Carson

Address, Ellen Carson No 273 Chappel st

Remarks,

PRINTERS AND STATIONERS

71764

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31st May 1884
4. *Place of Birth, (Street and Number)* 603 Lexington st
5. *Full Name of Mother,* Bettie Dorney
6. *Mother's Maiden Name,* C Adell
7. *Mother's Birthplace,* Harford Co Md
8. *Full Name of Father,* John F Dorney
9. *Father's Occupation,* Clerk & Salesman
10. *Father's Birthplace.* Harford Co Md

*Name of Medical Attendant,* or other Person who makes this Return H. W. Metzlat

*Address,* 57 Barrier

*Remarks,*

PRINTERS AND STATIONERS

71765

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 31 1884
4. Place of Birth, (Street and Number) Gay and Washington Sts
5. Full Name of Mother, Lollie Smith
6. Mother's Maiden Name, Claudice
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm. Smith
9. Father's Occupation, Plummer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonogh st

Remarks,

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71765

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th 1884
4. *Place of Birth, (Street and Number)* 659 Light St
5. *Full Name of Mother,* Mary M. J. Gallagher
6. *Mother's Maiden Name,* " " Stevens
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* James J. Gallagher
9. *Father's Occupation,* Shoe Cutter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover Ave. Ld. B

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71767

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

(over)

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male - William Francis Downs
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th
4. *Place of Birth, (Street and Number)* 76 N. Durham S
5. *Full Name of Mother,* Mary Downs
6. *Mother's Maiden Name,* " Casey
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Michael Downs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bote

*Name of Medical Attendant,* or other Person who makes this Return J. F. Gross

*Address,* 137 Orleans S

*Remarks,*

ANY & CO., CITY PRINTERS AND STATIONERS

71768

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 31st 1884
4. *Place of Birth, (Street and Number)* 274 Wm St
5. *Full Name of Mother,* Rose McGrath
6. *Mother's Maiden Name,* " Gounay
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jas E McGrath
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Canada

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover per L.B.

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71769

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 3 1884 |
| 4. *Place of Birth, (Street and Number)* | 150 Saratoga Street |
| 5. *Full Name of Mother,* | Kate Murray |
| 6. *Mother's Maiden Name,* | " Mooney |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Michael Murray |
| 9. *Father's Occupation,* | Livery Stable |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return* | Mahony Brewer M.D. |
| *Address.* | 68 McCulloh Street |
| *Remarks.* | |

...NY & CO. CITY PRINTERS AND STATIONERS

71770

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 3 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 12th 1884 |
| 4. *Place of Birth, (Street and Number)* | 330 Eastern Ave |
| 5. *Full Name of Mother,* | Ellen McNamara |
| 6. *Mother's Maiden Name,* | Ellen McDonough |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | John McNamara |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs R. A. Garrett |
| *Address,* | No 65 Burke St |
| *Remarks,* | |

Birth of any child shall recur without the extendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

11770

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ~~X~~ 3rd

1. *Sex (state whether male or female)* White Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 22nd 1884.
4. *Place of Birth (Street and Number)* 15. Williamson St
5. *Full Name of Mother* Mary Blanchard
6. *Mother's Maiden Name* Mary Daly
7. *Mother's Birthplace* Annearundel County
8. *Full Name of Father* William Blanchard
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Mary R. Easton

*Address* 134 Hunting Ave Baltimore Md.

*Remarks* Living Well

name of the mother of such child or children.

# RETURN OF A BIRTH

7772

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 22nd 1884 |
| 4. *Place of Birth, (Street and Number)* | Duncan alley near Eastern Ave |
| 5. *Full Name of Mother,* | Maggie Sullivan |
| 6. *Mother's Maiden Name,* | Maggie Whalen |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Martin Sullivan |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs R. A. Garrett |
| *Address,* | No 65 Burke St |
| *Remarks,* | |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

11773

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 25th 1884 |
| 4. *Place of Birth, (Street and Number)* | 22 Hare St |
| 5. *Full Name of Mother,* | Lizzie Schuman |
| 6. *Mother's Maiden Name,* | Lizzie Schwandt |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Schuman |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary R. A. Garrett |
| *Address,* | No 65 Barker St. |
| *Remarks,* | |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7477

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUN 3 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 25th 1894 |
| 4. *Place of Birth, (Street and Number)* | 47 Luzerne St |
| 5. *Full Name of Mother,* | Emily Hanson |
| 6. *Mother's Maiden Name,* | Emily Hutson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Oliver Hanson |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Norway |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs W. A. Garrett |
| *Address,* | Nr 65 Burke St |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

Missing

71775

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltim**

#71776.

HEALTH DEPARTMENT JUN 4 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4tes Kind

1. Sex, (state whether male or female) Mädchen

...e or Color, (if not of the white race) Weiss

... of Birth, Geboren den 1ten June

... of Birth, (Street and Number) No 168. Eastern Av

...l Name of Mother, Catt Sommer

...Mother's Maiden Name, Catt Krumick

...her's Birthplace, Baltimore

... Name of Father, August Sommer

...'s Occupation, Handarbeiter

...r's Birthplace, Baltimor

... of Medical Attendant, or other Person who makes this Return Friederike Kauf

...dress, No 202. S. Dallas Str

Remarks, Hebamm

...should no other person be in attendance upon the mother, immediately thereafter, it shall then become duty of ... within ... of such child to report its birth to the Board of Health, in the manner ... any per... of illegitimate children, ... to a fin... this section shall be subject ... recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11777

HEALTH DEPARTMENT JUN 1884 BALTIMORE.

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes Kind

1. Sex, (state whether male or female) Bub

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, Geboren den 1ten June

4. Place of Birth, (Street and Number) № 217 S. Bethel Str

5. Full Name of Mother, Elisabeht Schemp

6. Mother's Maiden Name, Elisabeht Meier

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Schemp

9. Father's Occupation, Handarbeiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, № 202. S. Dallas Str

Remarks, Hebamme

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth, and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71778

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1884
4. *Place of Birth, (Street and Number)* Olive st No 3.
5. *Full Name of Mother,* Hester Richardson
6. *Mother's Maiden Name,* Hester Mariner
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Robert Richardson
9. *Father's Occupation,* Labourer.
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. E Hinton

*Address,* No 79 Randall.

*Remarks,* X

...y & Co., City Printers and Stationers.

# RETURN OF A BIRTH

71779

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 7 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 1 of June 1884
4. *Place of Birth, (Street and Number)* No 8 Troxson Street
5. *Full Name of Mother,* Sarah Smith
6. *Mother's Maiden Name,* Sarah Cavey
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Elisha Smith
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return Mrs Christina Lauer

*Address,* No 173 Harford Ave

*Remarks,* Baltimore Md

1884

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* June 1st 1884
4. *Place of Birth, (Street and Number)* 150 So. Collingwood
5. *Full Name of Mother,* Barbara C. Hartley
6. *Mother's Maiden Name,* " " Flaherty
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. H. Hartley
9. *Father's Occupation,* Iron Inspector
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this Return J. L. Wiss [illegible]

*Address,* 77 So. Broadway

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 71781

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* June 1st 1884
4. *Place of Birth, (Street and Number)* 49 Hillman St
5. *Full Name of Mother* Annie Brown
6. *Mother's Maiden Name* " Grady
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Robert J. Brown
9. *Father's Occupation* Watchman
10. *Father's Birthplace* Ireland

*Name of Medical Attendant, or other Person who makes this Return.* Edward P. McDevitt

*Address* 54 Aisquith St

*Remarks*

name of the mother of such child or children.

# RETURN OF A BIRTH,

71782

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

Name: William Edgar Byrd

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | June 1st 1884 |
| 4. *Place of Birth, (Street and Number)* | # 92 Barre St. |
| 5. *Full Name of Mother* | Emma G. Byrd |
| 6. *Mother's Maiden Name* | Milbourne |
| 7. *Mother's Birthplace* | Maryland |
| 8. *Full Name of Father* | Wm F. Byrd |
| 9. *Father's Occupation* | Com. Merchant |
| *Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. C. Lee |
| *Address* | Hanover & Barre sts |
| *Remarks* | |

name of the mother of such child or children.

# RETURN OF A BIRTH

71783

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 1st 1854
4. *Place of Birth, (Street and Number)* 121 Harmony Lane
5. *Full Name of Mother,* Ellen Dyson
6. *Mother's Maiden Name,* Ellen Mathews
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Wm. H. Dipson
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balto City Mary Cnll

*Name of Medical Attendant,* or other Person who makes this Return Charlotte Warren

*Address,* 258 Kalorgest

*Remarks,* Non

TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7/7814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1884 BALTIMORE

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colerd

3. Date of Birth, first of June

4. Place of Birth, (Street and Number) 39 Little goreje st

5. Full Name of Mother, Annie Baily

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, Leven K Bailey

9. Father's Occupation, Portey

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Lucy Cornish

Address,

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 5 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 6/
4. Place of Birth, (Street and Number) 161 W. Lombard st
5. Full Name of Mother, Annie Samuel
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D.

Address. 161 W. Lombard st

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71786

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May the 16th 1884

4. *Place of Birth, (Street and Number)* 48 Mulberry St Baltimore

5. *Full Name of Mother,* Annie Jones

6. *Mother's Maiden Name,* Annie Jones

7. *Mother's Birthplace,* St Marys Co Md

8. *Full Name of Father,* St Marys Co Md

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Jacob Jones

*Name of Medical Attendant,* or other Person who makes this Return Chas Goldsmith

*Address,* 94 Light Street

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11787

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d one

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colard Child

3. Date of Birth. Born the 24 of ~~June~~ May

4. Place of Birth, (Street and Number) tyson street 154

5. Full Name of Mother, Carrie V Davis

6. Mother's Maiden Name, Carrie V Carroll Maiden name

7. Mother's Birthplace, Dayton Howard Co Md

8. Full Name of Father, Charles Davis

9. Father's Occupation, fathers occation is Waiting

10. Father's Birthplace, Born in Baltimore City

Name of Medical Attendant, or other Person who makes this Return Anni Johnson

Address, Tyson Street 94

Remarks,

PRINTERS AND STATIONERS.

71788

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 28 of May
4. *Place of Birth, (Street and Number)* 164 Hoffman st
5. *Full Name of Mother,* Mary Cornelia Brown
6. *Mother's Maiden Name,* " " " " Smith
7. *Mother's Birthplace,* Chestertown Kent Co
8. *Full Name of Father,* Boyer Brown
9. *Father's Occupation,* Deceased
10. *Father's Birthplace,* Chestertown Kent Ct

*Name of Medical Attendant,* or other Person who makes this Return Annie Johnson

*Address,* 94 Tyson st

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

11769

HEALTH DEPARTMENT JUN 5 BALTIMORE

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 1st 1884
4. *Place of Birth, (Street and Number)* No. 87 Randall st
5. *Full Name of Mother,* Anna Hester
6. *Mother's Maiden Name,* Larosch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob J Hester
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return J. Lohmaster midwife

*Address,* 330 Hanover st.

*Remarks,*

CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

14790

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | June 1st |
| 4. *Place of Birth, (Street and Number)* | 16 Green St |
| 5. *Full Name of Mother,* | Mary Stanley |
| 6. *Mother's Maiden Name,* | Veale |
| 7. *Mother's Birthplace,* | St Marys |
| 8. *Full Name of Father,* | James Stanley |
| 9. *Father's Occupation,* | Waiter |
| 10. *Father's Birthplace,* | St Marys |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr A Johnson |
| *Address,* | 911 Lyon St |
| *Remarks,* | |

PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7791

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

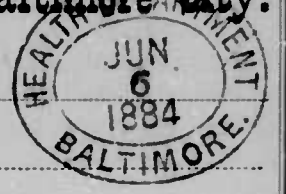
HEALTH DEPARTMENT JUN 5 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 1st 1894 |
| 4. *Place of Birth, (Street and Number)* | 1119 Cross St. |
| 5. *Full Name of Mother,* | Ella Mulvihill |
| 6. *Mother's Maiden Name,* | Ella Mahon |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Michael Mulvihill. |
| 9. *Father's Occupation,* | Engineer |
| 10. *Father's Birthplace,* | County Clare Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs M. A. Cottrill |
| *Address,* | 76 Williams St |
| *Remarks,* | |

...IET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.




No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 1884
4. Place of Birth, (Street and Number) 199 N Bond St
5. Full Name of Mother, Ellen E Hamilton
6. Mother's Maiden Name, Ellen E Woolen
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Lewis H. Hamilton
9. Father's Occupation, Tanner
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return James E Donnelly M.D.

Address, 199 E Baltimore St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

7179 (3)

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 1st 1884
4. *Place of Birth, (Street and Number)* 96 Goodmans Alley
5. *Full Name of Mother,* Henrietta Shannon
6. *Mother's Maiden Name,* Henrietta Carey
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Shannon
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Rosetta for Galloway

*Address,* 126 Plum Alley

*Remarks,*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

Missing

71794

# RETURN OF A BIRTH

7779

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Female Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 1st 1884 |
| 4. *Place of Birth, (Street and Number)* | 108 Burnes st |
| 5. *Full Name of Mother,* | Elizabeth Thompson |
| 6. *Mother's Maiden Name,* | Elizebeth Woods |
| 7. *Mother's Birthplace,* | Balto. md. |
| 8. *Full Name of Father,* | William Thompson |
| 9. *Father's Occupation,* | Brick maker |
| 10. *Father's Birthplace,* | Balto Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary E. Bentley |
| *Address,* | |
| *Remarks,* | Child living |

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HUY PRINTERS AND STATIONERS.

7796

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2 1884
4. Place of Birth, (Street and Number) 418 Canton ave
5. Full Name of Mother, Maggie Halmen
6. Mother's Maiden Name, Heins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Halmen
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park ave

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7797

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourteenth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brown complexion
3. Date of Birth, June 2nd 1884
4. Place of Birth, (Street and Number) 54 Leaser Al
5. Full Name of Mother. Anna Eliza Shields
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, Shepard Shields
9. Father's Occupation, Waiter
10. Father's Birthplace. Virginia

Name of Medical Attendant, or other Person who makes this Return Amelia Johnson

Address, 6 Hamelton St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

11798

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) four

1. Sex, (state whether male or female) femaid

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, June 1th

4. Place of Birth, (Street and Number) 83 durham

5. Full Name of Mother, Mary yarkman

6. Mother's Maiden Name, Mary butler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel yarkman

9. Father's Occupation, labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Morgan

Address, 47 North durham

Remarks,

Should the father, mother or other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7799

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE JUN 6 1884

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 second

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white.

3. Date of Birth, June 2, 1884

4. Place of Birth, (Street and Number) No. 21 S. Paca st.

5. Full Name of Mother, Amalia Shutt

6. Mother's Maiden Name, Amelia Rhodes

7. Mother's Birthplace, Richmond, Va.

8. Full Name of Father, William Shutt

9. Father's Occupation, Provision Dealer

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return Mrs. Henrietta Schlifer

Address, 20 Columbia Ave.

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71800

HEALTH DEPARTMENT JUN 18 BALTIMORE

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 2nd 1884 |
| 4. *Place of Birth, (Street and Number)* | 1398 Johnson |
| 5. *Full Name of Mother,* | Rebecca Shier |
| 6. *Mother's Maiden Name,* | " Wentworth |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Shier |
| 9. *Father's Occupation,* | Waiter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Theodore Cook M.D. |
| *Address,* | 146 Hanover |
| *Remarks,* | |

TY PRINTERS AND STATIONERS.

71801

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 2

4. *Place of Birth, (Street and Number)* Baltimore corner Hamburg & Stave 11

5. *Full Name of Mother,* Susie Steiholtz

6. *Mother's Maiden Name,* Susie Wigley

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* James Steiholtz

9. *Father's Occupation,* Can Maker

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs M. Shaffer

*Address,* 114 Ridgley St

*Remarks,*

...Y PRINTERS AND STATIONERS.

71802

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, ~~Jones Cort~~ June 2
4. Place of Birth, (Street and Number) Jones Cort No. 5
5. Full Name of Mother, harriet ~~foots~~ Small
6. Mother's Maiden Name, harriet foots
7. Mother's Birthplace, Calbart County
8. Full Name of Father, Samuel Small
9. Father's Occupation, labor
10. Father's Birthplace, Easton Shore

Name of Medical Attendant, or other Person who makes this Return Susen Morgan

Address, 47 North dorham

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

71503

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d or Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June, the 2. 1884
4. Place of Birth, (Street and Number) Orleans St
5. Full Name of Mother, Maggie Gerlach
6. Mother's Maiden Name, Maggie Bickel
7. Mother's Birthplace, Beyhingen b Bayern Germany
8. Full Name of Father, Julius Gerlach
9. Father's Occupation, Turner
10. Father's Birthplace, Lauffen b Würtemberg Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, 1 Dallas St, No 26

Remarks, dead born

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

91804

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 2d 84
4. *Place of Birth (Street and Number)* 561 Fayette St.
5. *Full Name of Mother* Emma Welfel
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. City Lockman

*Address* 25 First St.

*Remarks*

name of the mother of such child or children.

71805

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1884 BALTIMORE.

| | |
|---|---|
| No. Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | June 2nd |
| 4. Place of Birth, (Street and Number) | 50 Hill St |
| 5. Full Name of Mother, | Fanny Greenbaum |
| 6. Mother's Maiden Name, | Fanny Samuels |
| 7. Mother's Birthplace, | Richmond Va |
| 8. Full Name of Father, | Meyer Greenbaum |
| 9. Father's Occupation, | Merchant |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return | Felix [illegible] |
| Address, | No 2 Cathedral St. |
| Remarks, | |

PRINTERS AND STATIONERS

71806

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 2. 1884
4. *Place of Birth (Street and Number)* 70 St Paul St. Extended
5. *Full Name of Mother* Amelia Banks
6. *Mother's Maiden Name* Amelia Cross.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Morris Banks
9. *Father's Occupation* Furniture dealer & Manufacturer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* A C Pue MD

*Address* No 1 North St

*Remarks*

71807

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 7 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 2
4. *Place of Birth, (Street and Number)* Harrison St
5. *Full Name of Mother,* Amelia Kahn
6. *Mother's Maiden Name,* Lawenthal
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernard Kahn
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Leonhard Neiß Zubrecht

*Address,* No 28. [illegible]

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

71808

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (Twins)

1. Sex, (state whether male or female) ~~Twin~~ Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3d

4. Place of Birth, (Street and Number) 51 Pacific

5. Full Name of Mother, Amanda Snyder

6. Mother's Maiden Name,

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Louis Snyder

9. Father's Occupation, Gunsmith

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other Person who makes this Return Norman F Hill Mtt

Address. 17. N. Calhoun St

Remarks.

...NY & CO., CITY PRINTERS AND STATIONERS

71809

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Lawrens Alley. 12 June 8th
4. *Place of Birth, (Street and Number)* Mary Bonds
5. *Full Name of Mother,* " Williams
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Robert Bonds
8. *Full Name of Father,* porter
9. *Father's Occupation,* Baltimore
10. *Father's Birthplace,* Annie Johnson

*Name of Medical Attendant,* or other Person who makes this Return Tyan 94

*Address,*

*Remarks,*

...ERS AND STATIONERS.

11810

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3th 1884
4. *Place of Birth, (Street and Number)* No 362 Light st.
5. *Full Name of Mother,* Mary Corcan
6. *Mother's Maiden Name,* Mary Carran.
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Corcan
9. *Father's Occupation,* Boiler Makes
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Catherine Hornung

*Address,* No 18 Byrd st.

*Remarks,*

CITY PRINTERS AND STATIONERS.

7184

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN
4
1884
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex* (state whether Male or Female) Male.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* June 3d 1884.
4. *Place of Birth* (Street and Number) 121 Hamburg st.
5. *Full Name of Mother* Sarah E. Tall
6. *Mother's Maiden Name* Sarah E. Hopkins
7. *Mother's Birthplace* Dorchester Co. Md
8. *Full Name of Father* Ezra C. Tall
9. *Father's Occupation* Silver-polisher
10. *Father's Birthplace* Dorchester Co. Md

*Name of Medical Attendant,* or other Person who makes this Return. T. Daugherty M.D.

*Address* 157 Hamburg st

*Remarks*

7181 2

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 4 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* June 3 1884

*4. Place of Birth (Street and Number)* 362 Lexington St.

*5. Full Name of Mother* Amelia E Johnson

*6. Mother's Maiden Name*

*7. Mother's Birthplace* Canada

*8. Full Name of Father* Harvey Johnson

*9. Father's Occupation* Minister

*10. Father's Birthplace* Va

*Name of Medical Attendant, or other Person who makes this Return.* Jno R Bate MD

*Address* 1½ S. Exeter St

*Remarks*

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

71813

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 5 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 3/84
4. *Place of Birth, (Street and Number)* 180 Madison Ave.
5. *Full Name of Mother* Catharine M. Carter
6. *Mother's Maiden Name* Murray
7. *Mother's Birthplace* Cumberland Md
8. *Full Name of Father* James Carter
9. *Father's Occupation* Ins. Act. & Editor of Our Journal
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. H. R. Fetterhoff M.D.

*Address* 705 W. Biddle St.

*Remarks*

name of the mother of such child or children.

7114

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 5 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1884
4. Place of Birth, (Street and Number) 761 W. Lombard st.
5. Full Name of Mother, Emma McCann
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D.

Address, 761 W. Lombard st.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 : Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1884
4. Place of Birth, (Street and Number) 406 E Fayette St
5. Full Name of Mother, Sarah A. Tilley
6. Mother's Maiden Name, Sarah Mercer
7. Mother's Birthplace, Penn.
8. Full Name of Father, E. R. Tilley
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Conn.

Name of Medical Attendant, or other Person who makes this Return Jennie E Donnelly M.D.

Address, 299 E Baltimore St.

Remarks,

...ITY PRINTERS AND STATIONERS.

71816

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th
4. *Place of Birth, (Street and Number)* 74 N Durham St
5. *Full Name of Mother,* Mary J. O'Brian
6. *Mother's Maiden Name,* Mary J. Steadman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John O'Brian
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return J. B. Gross

*Address,* 137 Orleans St

*Remarks,*

...NY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71817

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* selcom

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June #4 1884
4. *Place of Birth, (Street and Number)* Chestnut alley 109
5. *Full Name of Mother,* Cornelia sims
6. *Mother's Maiden Name,* Cornelia Thomas
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William sims
9. *Father's Occupation,* ~~[illegible]~~ Laber
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Anni Johnson

*Address,* 94 tyson st

*Remarks,*

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

INTERS AND STATIONERS.

71818

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d & 3d (Twins)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto.
3. *Date of Birth* June 4th 1884
4. *Place of Birth (Street and Number)* No. 110 St. Marys St.
5. *Full Name of Mother* Clemantina Taylor
6. *Mother's Maiden Name* Clemantina Spriddle
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* John Taylor
9. *Father's Occupation* Driver
10. *Father's Birthplace* Balto. City

*Name of Medical Attendant, or other Person who makes this Return.* F. B. Gardner

*Address* 120 N. Greene St.

*Remarks* Twins - both boys - one lived but half an hour.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

71819

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 4 1884
4. *Place of Birth, (Street and Number)* 92 lancaster st
5. *Full Name of Mother,* margret rennels
6. *Mother's Maiden Name,* margret conley
7. *Mother's Birthplace,* virginia
8. *Full Name of Father,* Charles rennels
9. *Father's Occupation,* Copper Smith
10. *Father's Birthplace,* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. mary conner 153

*Address,* Collington ave

*Remarks,*

...e in attendance upon the mother, immediately thereafter, is hereby required to make the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co., City Printers and Stationers.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 7 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of June 1884.
4. Place of Birth, (Street and Number) Lombard Stat between 2nd and 3rd
5. Full Name of Mother, K Maggie Hofman
6. Mother's Maiden Name, K Maggie Briel
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, George Briel
9. Father's Occupation, Milkman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 71 North Chapel st. Sr Justina Kunkel

Remarks, Healthy.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71821

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th 1884
4. *Place of Birth, (Street and Number)* Wm + Randall St
5. *Full Name of Mother,* Mary Spielmeyer
6. *Mother's Maiden Name,* " J. Hilgendorf
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Randolph Spielmeyer
9. *Father's Occupation,* Store Keeper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cook Jr

*Address,* 146 Hanover St per Exp

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

71822

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, on June 4
4. Place of Birth, (Street and Number) Park Avnew 259
5. Full Name of Mother, Amanda Penington
6. Mother's Maiden Name, Amanda Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Perry Penington
9. Father's Occupation, Waiter
10. Father's Birthplace, Easton

Name of Medical Attendant, or other Person who makes this Return Sarah Penington

Address, No Address

Remarks, No Remarks

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 5 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 4th |
| 4. *Place of Birth, (Street and Number)* | 122 South Howard St |
| 5. *Full Name of Mother,* | martha erely |
| 6. *Mother's Maiden Name,* | martha Sewley |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | henry g erely |
| 9. *Father's Occupation,* | tinner |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Lydia Porter |
| *Address,* | no 4 patapsco ave |
| *Remarks,* | healthy child |

should no other person be in attendance upon the mother, immediately hereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71824

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 7 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th 1884
4. *Place of Birth, (Street and Number)* 16 New St. Baltimore Md
5. *Full Name of Mother,* Mary Elizebeth Schmidt
6. *Mother's Maiden Name,* " " Wolf
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Louis Schmidt
9. *Father's Occupation,* Pastry Cook
10. *Father's Birthplace,* Baltimore. Md

*Name of Medical Attendant,* Barbara Reese Midwife 28 N Frederick St *or other Person who makes this Return* Lowborn Reiß Gebornen

*Address,* No 28. N Frederick St

*Remarks,* A. fine boy

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71555

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE.

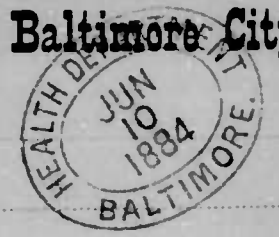
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 of June 1884
4. Place of Birth, (Street and Number) No 172 Johnson St
5. Full Name of Mother, Maggie Cemich
6. Mother's Maiden Name, Maggie Machel
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Cemich
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Sabina Greshaber

Address, No. 128 West St

Remarks,



duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71536

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5 1884
4. Place of Birth, (Street and Number) 272 N. Mount
5. Full Name of Mother, Mary J Gaultz
6. Mother's Maiden Name, Nutting
7. Mother's Birthplace, Mass
8. Full Name of Father, G. C. Gaultz
9. Father's Occupation, Life Ins Agent
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return Thomas Opie

Address, 179 N Howard St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71827

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 5 of June
4. Place of Birth, (Street and Number) No 11 Jones Ct
5. Full Name of Mother, Henetta Chase
6. Mother's Maiden Name, H Reed
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Chase
9. Father's Occupation, Laborer
10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other Person who makes this Return Suson Morgin

Address, No 47 Durham St

Remarks,

...duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

11858

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 5 1884 |
| 4. *Place of Birth, (Street and Number)* | 42 Hill st |
| 5. *Full Name of Mother,* | Mary Lanon |
| 6. *Mother's Maiden Name,* | Mary Lanon |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Columbus Lanon |
| 9. *Father's Occupation,* | Captain |
| 10. *Father's Birthplace,* | Dorchester county |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11839

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5 1884
4. *Place of Birth, (Street and Number)* 461 William st
5. *Full Name of Mother,* Mollie Thomas
6. *Mother's Maiden Name,* Mollie Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Thomas
9. *Father's Occupation,* Boiler Maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Ann Nash

*Address,*

*Remarks,*

TY PRINTERS AND STATIONERS.

71830

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 of June 1884
4. *Place of Birth, (Street and Number)* No 33 Stockholm St
5. *Full Name of Mother,* Luise Hogan
6. *Mother's Maiden Name,* Luise Kurtz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Whillim Hogan
9. *Father's Occupation,* Laborare
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sabina Greshaber

*Address,* No 125 W 1st St

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...Y PRINTERS AND STATIONERS.

71831

# RETURN OF A BIRTH,

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 6 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 6th 1884
4. *Place of Birth, (Street and Number)* No. 29. N. Calhoun Street
5. *Full Name of Mother* Alice W. Jones
6. *Mother's Maiden Name* Alice W. Wallach
7. *Mother's Birthplace* Washington City
8. *Full Name of Father* George H. Jones
9. *Father's Occupation* Glove Store
10. *Father's Birthplace* Philadelphia

*Name of Medical Attendant,* or other Person who makes this Return H P O Wilson Jr

*Address* 146 Park Av.

*Remarks*

name of the mother of such child or children.

71852

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. Child

1. Sex, (state whether male or female) Little Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 6th of June 1884
4. Place of Birth, (Street and Number) 954 West Pratt st Baltimore
5. Full Name of Mother, Mrs. Lauvin
6. Mother's Maiden Name, Miss Auguste Fielke
7. Mother's Birthplace, West Preusa Germany
8. Full Name of Father, Mr. Frederich Lauvin
9. Father's Occupation, Laborer
10. Father's Birthplace, West Preusa Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Killer

Address, 1017 west Pratt st city

Remarks,

...should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

71833

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (~~state whether~~ male ~~or female~~)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 6.6.84
4. *Place of Birth (Street and Number)* 226 Lexington St
5. *Full Name of Mother* Nellie Diot
6. *Mother's Maiden Name* Stubblefield
7. *Mother's Birthplace* St Michaels - Md
8. *Full Name of Father* Wm M. Diot
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Cecil Co, Md.

*Name of Medical Attendant,* or other Person who makes this Return. Reid W. Eastman

*Address* 349 Lexington

*Remarks* Natural

name of the mother of such child or children.

# RETURN OF A BIRTH

71834

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulato

3. Date of Birth, ~~64 Larew Alley~~ June 6th 84

4. Place of Birth, (Street and Number) 64 Larew Al

5. Full Name of Mother,

6. Mother's Maiden Name, Louisa Winstead

7. Mother's Birthplace, Virginia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Amelia Johnson

Address, 6 Hamilton pl

Remarks,

PRINTERS AND STATIONERS

71835

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 1884 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7, 1884
4. Place of Birth, (Street and Number) No. 193 Bank Street
5. Full Name of Mother, Mrs. Katura Catharine Redmond
6. Mother's Maiden Name, Miss K. C. Young
7. Mother's Birthplace, Virginia
8. Full Name of Father, Mr. John B. Redmond
9. Father's Occupation, Engineer
10. Father's Birthplace, St. Marys Co. Maryland
11. Name of ~~Medical~~ Attendant, or other Person who makes this Return Wm H. Clendinen M.D.

Address. No. 102 North Broadway

Remarks.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7836

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) weiß

3. Date of Birth, 1. Juni Morgens 2 Uhr

4. Place of Birth, (Street and Number) Orleansstr 342

5. Full Name of Mother, Mathilde Döharr

6. Mother's Maiden Name, Mathilde Pferder

7. Mother's Birthplace, Germany / Berlin /

8. Full Name of Father, Carl Döharr

9. Father's Occupation, Agent

10. Father's Birthplace, Germany / Lundsberg y.d. Warte /

Name of Medical Attendant, or other Person who makes this Return. Johanna Grube Hebamme

Address, 103. Biddelstr 103

Remarks,

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 June, 1884
4. *Place of Birth, (Street and Number)* Balto Md
5. *Full Name of Mother,* 384, Washington St.
6. *Mother's Maiden Name,* Barbara Novotna
7. *Mother's Birthplace,* Bohemia.
8. *Full Name of Father,* James Studnichka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptist

*Address,* 69 N. Washington St

*Remarks,* Mary Koptist

TY PRINTERS AND STATIONERS.

11838

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 June 1884
4. Place of Birth, (Street and Number) 244 Durham St
5. Full Name of Mother, Mary Novak
6. Mother's Maiden Name, Mary Finn
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Novak
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 N. Washington St

Remarks, Mary Koptish

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7539

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 14 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 3rd 84 |
| 4. *Place of Birth, (Street and Number)* | 229 S. Sharp St. |
| 5. *Full Name of Mother,* | Nathalia Erb |
| 6. *Mother's Maiden Name,* | Wentzel |
| 7. *Mother's Birthplace,* | Prussia |
| 8. *Full Name of Father,* | Aug. Erb |
| 9. *Father's Occupation,* | Saloon Keeper |
| 10. *Father's Birthplace,* | Saxony |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Koch |
| *Address,* | 328 South Eutaw St. |
| *Remarks,* | |

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7840

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. [redacted] (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 24th 1884

4. Place of Birth, (Street and Number) 206 Mann St

5. Full Name of Mother, Georgianna Johnson

6. Mother's Maiden Name, " Brown

7. Mother's Birthplace, Rhode Island

8. Full Name of Father, Hendrick Johnson

9. Father's Occupation, Grain Carrier

10. Father's Birthplace Rhode Island

Name of Medical Attendant, or other Person who makes this Return Sarah Ann Brown

Address, 292 S Eaton st

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. [redacted] (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 4th 1884

4. Place of Birth, (Street and Number) No 130 Lee St near Howard

5. Full Name of Mother, Sarah Ann Ringold

6. Mother's Maiden Name, Sarah " Brown

7. Mother's Birthplace, Kent Island

8. Full Name of Father, Samuel Ringold

9. Father's Occupation, Brickyard

10. Father's Birthplace, Kent Island

[redacted] Name of Medical Attendant, or other Person who makes this Return Sarah Ann Brown

Address, 292 S Entaw St

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

11842

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 4 1884

4. Place of Birth, (Street and Number) No 2 Prospect Laine

5. Full Name of Mother, Antonie Hirschaus

6. Mother's Maiden Name, " Simetz

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Victor Hirschaus

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Kondrat

Address, No 20 Barnes St.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7184 3

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Triplets |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 4th 1884 2. P. M. |
| 4. *Place of Birth, (Street and Number)* | No S. Fr. Carrollton Ave. |
| 5. *Full Name of Mother,* | Sadie Wagner |
| 6. *Mother's Maiden Name,* | Sadie Johnson |
| 7. *Mother's Birthplace,* | Baltimore. Md. |
| 8. *Full Name of Father,* | Chas Wagner. |
| 9. *Father's Occupation,* | Carriage Builder |
| 10. *Father's Birthplace.* | Baltoleo. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | A. H Saxton. MD |
| *Address,* | 543 Lemington St |
| *Remarks,* | |

PRINTERS AND STATIONERS

71844

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 5 - 84 |
| 4. *Place of Birth, (Street and Number)* | 152 Barre St. |
| 5. *Full Name of Mother,* | Lizzie Geier |
| 6. *Mother's Maiden Name,* | " Schmidt |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Chas Geier |
| 9. *Father's Occupation,* | Type Setter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Koch |
| *Address,* | 328 South Eden St. |
| *Remarks,* | |

HEALTH DEPARTMENT JUN 14 1884 BALTIMORE

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th 1884
4. *Place of Birth, (Street and Number)* No. 58 S Bond St
5. *Full Name of Mother,* Mrs Martha Foote
6. *Mother's Maiden Name,* " " Steckburg
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrick Foote
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Goetzke

*Address,* No. 55 S Bond St

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

71846

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or female) Knabe

2. Race or Color, (if not of the white race) weiß

3. Date of Birth, d. 5 Juni Morgs 10 3/4

4. Place of Birth, (Street and Number) Biddelstr 135,

5. Full Name of Mother, Christine Jung

6. Mother's Maiden Name, Christine Wichmann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jane Jung

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Johann Grube Hebamme

Address, Biddelstr 103.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

# RETURN OF A BIRTH

11817

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 In 6 Child. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 5th 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 17 Weber st |
| 5. *Full Name of Mother,* | Mary Bradley |
| 6. *Mother's Maiden Name,* | Schmit |
| 7. *Mother's Birthplace,* | American |
| 8. *Full Name of Father,* | George Bradley |
| 9. *Father's Occupation,* | Broom maker |
| 10. *Father's Birthplace,* | American |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwaner midwife |
| *Address,* | 330 Schwaner st |
| *Remarks,* | |

should be other person to be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71848

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child Born on 5 June 1884

1. Sex, (state whether male or female) Female child
2. Race or Color, (if not of the white race) Colored child
3. Date of Birth, No 33 Chesnut Street
4. Place of Birth, (Street and Number) June th 5 No 33 Chesnut St
5. Full Name of Mother, Lucy Millar
6. Mother's Maiden Name, Lucy Brown
7. Mother's Birthplace, Baltimore City, Md
8. Full Name of Father, Emry Millar
9. Father's Occupation, Brick yard
10. Father's Birthplace, Eastern Shore Maryland

Name of Medical Attendant, or other Person who makes this Return Darkey Tamlen

Address, No. 1.34 Chesnut Street

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and pe[illegible]s are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

74849

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars ... such offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 6th 1884 |
| 4. *Place of Birth, (Street and Number)* | Foot of Ridgely St. |
| 5. *Full Name of Mother,* | Maria Wolicker |
| 6. *Mother's Maiden Name,* | " Thal |
| 7. *Mother's Birthplace,* | Hamburg. Prussia |
| 8. *Full Name of Father,* | Jos. Wolicker |
| 9. *Father's Occupation,* | Brewer |
| 10. *Father's Birthplace,* | Bavaria |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Koch |
| *Address,* | 328 South Eutaw St. |
| *Remarks,* | |

HEALTH DEPARTMENT JUN 14 1884 BALTIMORE

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

1850

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

1884

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE

| | |
|---|---|
| [redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | June 6th |
| 4. Place of Birth, (Street and Number) | 51 N Exeter |
| 5. Full Name of Mother, | Lillie Shulman |
| 6. Mother's Maiden Name, | Lillie Herman |
| 7. Mother's Birthplace, | Birmingham England |
| 8. Full Name of Father, | Samuel Shulman |
| 9. Father's Occupation, | Tailor |
| 10. [redacted]ther's Birthplace, | Russia |
| Name of Medical Attendant, or other Person who makes this Return | Daniel V Moyer MD |
| Address, | 192 Aisquith Street |
| Remarks, | City |

NY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 6th 1884

4. Place of Birth, (Street and Number) No 41 S. Bond St

5. Full Name of Mother, Mrs Ida Barton

6. Mother's Maiden Name, Cheney

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John T. Barton

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return) Mr Goetzke

Address, No 65 S. Bond St

Remarks,

should no other person be in at entrance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71852

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BOW 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second (2)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Juni 6. 1884
4. *Place of Birth, (Street and Number)* No 219. N. Bond Sto
5. *Full Name of Mother,* Josephina Ružička
6. *Mother's Maiden Name,* " Kaspar
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Ružička
9. *Father's Occupation,* Backer
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Josephina Konrad

*Address,* No 20 Barnes Sto

*Remarks,*

Birth of any child shall facilitate without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* June 6 1884
4. *Place of Birth, (Street and Number)* 120 N. Regester St
5. *Full Name of Mother,* Ellen Robison
6. *Mother's Maiden Name,* Ellen Dodd
7. *Mother's Birthplace,* Queen an county
8. *Full Name of Father,* William Robison
9. *Father's Occupation,* Lumber Piler
10. *Father's Birthplace,* Virginia Middle

*Name of Medical Attendant,* or other Person who makes this Return Lucindia Woolford

*Address,* 120 N. Regester St

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-31-56

# RETURN OF A BIRTH

71854

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

Mary Lloyd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, June 6, 1884
4. Place of Birth, (Street and Number) N 2 G Bath St
5. Full Name of Mother, annie Lloyd
6. Mother's Maiden Name, annie Grant
7. Mother's Birthplace, Staunton Va
8. Full Name of Father, Stephen Lloyd
9. Father's Occupation, Labor
10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other Person who makes this Return Charity Jones

Address, 59 Gravel alley

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 1884

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th June 1884
4. Place of Birth, (Street and Number) No 87 Market St
5. Full Name of Mother, Sarah Greenberg
6. Mother's Maiden Name, Sarah Green
7. Mother's Birthplace, Russia
8. Full Name of Father, Berg Greenberg
9. Father's Occupation, Button whole maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Mrs Justman

Address, Broad Alley No 6

Remarks,

Y PRINTERS AND STATIONERS

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71856

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 8th |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | June 4th 1884 |
| 4. Place of Birth, (Street and Number) | 16 William St. |
| 5. Full Name of Mother, | [illegible] |
| 6. Mother's Maiden Name, | [illegible] |
| 7. Mother's Birthplace, | Ireland |
| 8. Full Name of Father, | [illegible] |
| 9. Father's Occupation, | Porter |
| 10. Father's Birthplace, | Ireland |
| Name of Medical Attendant, or other Person who makes this Return. | [illegible] |
| Address, | 1826 [illegible] St |
| Remarks, | |

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

# RETURN OF A BIRTH

71857

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6th 1884
4. *Place of Birth, (Street and Number)* 1308 W. Fremont St
5. *Full Name of Mother,* Mary Jones
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* William Jones
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address,* 102 E. [illegible] St.

*Remarks,*

HEALTH DEPARTMENT JUN 15 1884 BALTIMORE

...y & Co., City Printers and Stationers.

...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 7858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
15
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, June th6. 1884.

4. Place of Birth, (Street and Number) No 4. Thomas. court Baltimo

5. Full Name of Mother, Annie White.

6. Mother's Maiden Name, Annie Smith

7. Mother's Birthplace, Colbert county

8. Full Name of Father, Enoch White

9. Father's Occupation, Work in Brick yard

10. Father's Birthplace, colbert county

Name of Medical Attendant, or other Person who makes this Return Mary Ann Dowdy

Address, No 64 Elbow lane

Remarks, five Dollars

...ARY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7859

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 June 1884
4. *Place of Birth, (Street and Number)* Balto. Amm. st No 245
5. *Full Name of Mother,* Sophie Stanton
6. *Mother's Maiden Name,* S. Svoboda
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James. Stanton
9. *Father's Occupation,* Tavern-keeper
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Mary Koplish

*Address,* 69 N Washington st

*Remarks,* Mary Koplish

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71860

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 June 1884
4. Place of Birth, (Street and Number) Balto. Jesper st No 30
5. Full Name of Mother, Emma Cibulsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Poland
8. Full Name of Father, Frank Cibulsky
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return Mary Skoptish

Address, 69 N Washington st

Remarks, Mary Skoptish

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71861

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7th 1884
4. *Place of Birth, (Street and Number)* No 126 Batery Av
5. *Full Name of Mother,* Threasa Mariner
6. *Mother's Maiden Name,* Threasa Jennings
7. *Mother's Birthplace,* Eden Northcarolina
8. *Full Name of Father,* Winfield C Mariner
9. *Father's Occupation,* Tinner
10. *Father's Birthplace* Eastern shore Kent county

*Name of Medical Attendant,* or other Person who makes this Return Mary E Anderson

*Address,* No 10 Abys Street

*Remarks,*

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT
JUN
10
1934
BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* .....
4. *Place of Birth, (Street and Number)* .....
5. *Full Name of Mother,* .....
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* .....
8. *Full Name of Father,* .....
9. *Father's Occupation,* .....
10. *Father's Birthplace,* .....

*Name of Medical Attendant,* or other Person who makes this Return .....

*Address,* .....

*Remarks,* .....

.....

BY PRINTERS AND STATIONERS.

7186 B

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 of June 1884
4. *Place of Birth, (Street and Number)* No. 33 Conington St
5. *Full Name of Mother,* Mary Prendergast
6. *Mother's Maiden Name,* Mary Wickham
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anthony
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sabina Greshaber

*Address,* No 128 West St

*Remarks,*

...should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, June the 7 1884.
4. Place of Birth, (Street and Number) S. Chappel St. No. 47
5. Full Name of Mother, Sophia Rodensberger
6. Mother's Maiden Name, Sophia Pfaff.
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Joseph Rodensberger
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bensheim, Gr. Baden. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, Dallas A. No. 26

Remarks,

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71865

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1ths Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 7. 1884
4. *Place of Birth, (Street and Number)* Hanstead St. No. 22
5. *Full Name of Mother,* Louise Neitz
6. *Mother's Maiden Name,* Louise Hoffmann
7. *Mother's Birthplace,* Ditzenwinn K. Bayern Germany
8. *Full Name of Father,* Karl Neitz
9. *Father's Occupation,* Cabinet maker
10. *Father's Birthplace,* Würzburg. K. Bayern. Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St. No. 26

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUN 9 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1th "
4. Place of Birth, (Street and Number) No " 112 Centralave
5. Full Name of Mother, Ida Linker
6. Mother's Maiden Name, " Roter
7. Mother's Birthplace, Balto
8. Full Name of Father, Paul Linker
9. Father's Occupation, Grocery
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return Sophia Spiemore

Address, No " 710 Granby st

Remarks,

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [illegible] June 1884
4. *Place of Birth, (Street and Number)* No 250 East Chase
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* [illegible]

*Remarks,* Baltimore Md 1884

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dol[illegible] for each offence, to be recovered as other fines and p[illegible]es are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71868

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 7th 1884

4. Place of Birth, (Street and Number) 339 Cathedral St

5. Full Name of Mother, Amanda E. Allison

6. Mother's Maiden Name, Amanda E. Bixler

7. Mother's Birthplace, York. Penn

8. Full Name of Father, Wm H. Allison

9. Father's Occupation, Locomotive Engineer,

10. Father's Birthplace, York. Penn

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Norris, M.D.

Address, 326 N. Eutaw St

Remarks.

...ANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71869

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* five

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 115 Aisquith st
4. *Place of Birth, (Street and Number)* 7th May 84
5. *Full Name of Mother,* Maggie Schlisberger
6. *Mother's Maiden Name,* J. Spannenberger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas Schlisberger
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Mrs R Wbig

*Address,* 48 Hollander st

*Remarks,*

Balto

Birth of any child shall occur within the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71870

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7th 1884
4. *Place of Birth, (Street and Number)* 185 Somerset St.
5. *Full Name of Mother,* Crescentia Schisler
6. *Mother's Maiden Name,* " Bonnick
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Schisler
9. *Father's Occupation,* Caster
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Dana Hillegas Jr.

*Address,* 1826 Monument St.

*Remarks,*

HEALTH DEPARTMENT JUN 15 1884 BALTIMORE.

Co., City Printers and Stationers.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

7187

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th May 84
4. *Place of Birth, (Street and Number)* 86 Caroline st
5. *Full Name of Mother,* Katie Fiebig
6. *Mother's Maiden Name,* Lutz
7. *Mother's Birthplace,* Hessian Germany
8. *Full Name of Father,* Karl Fiebig
9. *Father's Occupation,* Brewer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Mrs Rosa Ahlig

*Address,* 48 Holland

*Remarks,* Baltimore

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

11873

HEALTH DEPARTMENT JUN 14 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 8. 1884
4. Place of Birth, (Street and Number) 498 N Lombard St
5. Full Name of Mother, Sarah Ann ~~Kilpatrick~~ Ford
6. Mother's Maiden Name, Sarah Ann ~~Ford~~ Kilpatrick
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, John Ford.
9. Father's Occupation, Labourer.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return John D Pennington M.D.

Address, 134 N Carrollton Av

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71873

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | 8th June |
| 4. *Place of Birth, (Street and Number)* | 136 Battery Avenue |
| 5. *Full Name of Mother,* | Fannie Meushaw. |
| 6. *Mother's Maiden Name,* | Fannie ~~Meushaw~~ McClain |
| 7. *Mother's Birthplace,* | Maryland. |
| 8. *Full Name of Father,* | William Aloysius Meushaw |
| 9. *Father's Occupation,* | Mariner. |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Miss Conway |
| *Address,* | |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

7187 4

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One. Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored. Child

3. Date of Birth, June 8/ 1884

4. Place of Birth, (Street and Number) No 111. Mulikin St

5. Full Name of Mother, Ella. Wilson

6. Mother's Maiden Name,

7. Mother's Birthplace, Petter Norfolk Va

8. Full Name of Father, John. Wilson

9. Father's Occupation, Labor.

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Lucinda MacFord

Address, 130 Register St

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 71875

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| 1. *Sex (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | June 8 1884 |
| 4. *Place of Birth, (Street and Number)* | 365 North Fulton Avenue |
| 5. *Full Name of Mother* | Mary A Schaum |
| 6. *Mother's Maiden Name* | Mary A Engelhart |
| 7. *Mother's Birthplace* | Baltimore Md |
| 8. *Full Name of Father* | Lewis A Schaum |
| 9. *Father's Occupation* | Tobacco Salesman |
| *Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Amanda Marine |
| *Address* | 175 North Eden St |
| *Remarks* | |

name of the mother of such child or children.

71876

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th
4. Place of Birth, (Street and Number) 63 St Paul St
5. Full Name of Mother, Hadwig Lichteblau Krol.
6. Mother's Maiden Name,
7. Mother's Birthplace, Breslau Germany
8. Full Name of Father, Simon Krol
9. Father's Occupation, Oleomargarine Butter maker
10. Father's Birthplace, Posen Germany

Name of Medical Attendant, or other Person who makes this Return Laurbre Reiß Hebamme

Address, No 28. N Frederikstrasse

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71877

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th of June
4. Place of Birth, (Street and Number) 59 North Front st.
5. Full Name of Mother, Anna Kramer
6. Mother's Maiden Name, Anna Rothert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~Wood Engraver~~ Henry W Kramer
9. Father's Occupation, Wood Engraver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N. Caroline St

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11878

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th of June
4. *Place of Birth, (Street and Number)* 917 E. Madison St.
5. *Full Name of Mother,* Josphine E. Phillips
6. *Mother's Maiden Name,* J. E. Jamison
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles T Phillips
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary Walter

*Address,* 125 N. Caroline St.

*Remarks,*

TY PRINTERS AND STATIONERS.

71879

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8th 1884
4. *Place of Birth, (Street and Number)* No. 151 Jefferson St
5. *Full Name of Mother,* Mrs Kate Luft
6. *Mother's Maiden Name,* " " Roby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Luft
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mr Goetzke

*Address,* No 55. S. Bond St

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

71880

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN
12
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th June 1884
4. Place of Birth, (Street and Number) 48. Duncan Alley
5. Full Name of Mother, Barbara Delmorbe
6. Mother's Maiden Name, Barbara Klima
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Charles Delmorbe
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koftish

Address, 69 N. Washington St.

Remarks, Mary Koftish

should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

71881

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 June 1884
4. *Place of Birth, (Street and Number)* Balto. Md. Dallas 2 11
5. *Full Name of Mother,* Mary Beran
6. *Mother's Maiden Name,* Mary Velnosky
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Velnosky
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptish

*Address,* 69 N. Washington St.

*Remarks,* Mary Koptish

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71882

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 11 1924
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2. Ethan |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | Sunday January 8 1924 |
| 4. *Place of Birth, (Street and Number)* | Baltimore 827 Jordan Alley |
| 5. *Full Name of Mother,* | Mary Emer Jenkins |
| 6. *Mother's Maiden Name,* | Mary Emer Mahammitt |
| 7. *Mother's Birthplace,* | Frederick |
| 8. *Full Name of Father,* | Joseph Isaias Jenkins |
| 9. *Father's Occupation,* | Waiter |
| 10. *Father's Birthplace,* | Cambridge |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louis Tausch |
| *Address,* | No 13 Jordan Alley |
| *Remarks,* | |

LANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71883

HEALTH DEPARTMENT JUN 1884 BALTIMORE

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.** June 1

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex, (state whether male or female)* White, Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 8

4. *Place of Birth, (Street and Number)* 176 Ramsey Street

5. *Full Name of Mother,* Suzan Jane Macdonald

6. *Mother's Maiden Name,* = = Dickerson

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Alexander Macdonald

9. *Father's Occupation,* Engraver

10. *Father's Birthplace,* New York.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Cross

*Address,*

*Remarks,*

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 71884

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth No 17 Low St
4. Place of Birth, (Street and Number) June 8th 1884
5. Full Name of Mother, Beck Spannet
6. Mother's Maiden Name, Beck Rup
7. Mother's Birthplace, Estreich
8. Full Name of Father, Jacob Spannet
9. Father's Occupation, Tailor
10. Father's Birthplace, Estreich

Name of Medical Attendant, or other Person who makes this Return Mre Justman

Address, No 6 Broad Alley

Remarks,

...NY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 10 1884 BALTIMORE

William E. C. Schneider

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 8th of June 1884
4. *Place of Birth, (Street and Number)* 501 Monument Street
5. *Full Name of Mother,* Mary Lucht
6. *Mother's Maiden Name,* Mary Schneider
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Andrew Schneider
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel

*Address,* 77 North Chapel St per Josefina Kunkel.

*Remarks,* Healthy GIVEN NAME ADDED. 9-24-53 L.M.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11886

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 of June 1884
4. *Place of Birth, (Street and Number)* No 8 Neal St
5. *Full Name of Mother,* Kate Fortman
6. *Mother's Maiden Name,* Kate Ulzuber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Fortman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sabina Greenbaker

*Address,* No 125 West St

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71887

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE.

*No. of Child of Mother,* (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. *Sex,* (~~state whether~~ *male* ~~or female~~)
2. *Race or Color,* (~~if not of~~ *the white* ~~race~~)
3. *Date of Birth,* June 8th/884.
4. *Place of Birth,* (*Street and Number*) 257 George St
5. *Full Name of Mother,* Ella Thompson
6. *Mother's Maiden Name,* " Liddell
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry C. Thompson
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other Person who makes this Return. A Tregd Sherkyer Md.

*Address,* 88 E Balto St

*Remarks,*

ET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & last

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1884
4. Place of Birth, (Street and Number) 418 Canton av
5. Full Name of Mother, Henrietta Hummer
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Ocean
8. Full Name of Father, George Hummer
9. Father's Occupation, Labora
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71889

HEALTH DEPARTMENT JUN 1884 BALTIMORE

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 8th 1884.

4. Place of Birth, (Street and Number) 309 S. Howard

5. Full Name of Mother, Josephine Carroll Pulley

6. Mother's Maiden Name,

7. Mother's Birthplace, A. A. Co. Md.

8. Full Name of Father, Filmore Carroll

9. Father's Occupation, Sailor

10. Father's Birthplace, Snow Hill, Md

Name of Medical Attendant, or other Person who makes this Return Chas. D. Smith

Address, 158 Hanover St.

Remarks, The first of the ~~8~~ Eight Children ever delivered alive.

TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 71890

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Balt. June 29.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 29 1884

4. Place of Birth, (Street and Number) Camel alley No 4

5. Full Name of Mother, Annia Smithers

6. Mother's Maiden Name, Annia Witington

7. Mother's Birthplace, Saint Mary Co

8. Full Name of Father, Frank Smithers

9. Father's Occupation, Labbrer

10. Father's Birthplace, Saint Mary Co

Name of Medical Attendant, or other Person who makes this Return Dolley Wright

Address. No 4 Camel alley

Remarks,

1891 to 1925 Certificates released

LANY & CO., CITY PRINTERS AND STATIONERS

71891

~~79486~~

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~First.~~ First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7 1884
4. Place of Birth, (Street and Number) 190 Saratoga St
5. Full Name of Mother, Leana Acomb
6. Mother's Maiden Name, Leana Leamka
7. Mother's Birthplace, Germney
8. Full Name of Father, John Acomb.
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 No Poppelton St

Remarks,

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

71892

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUN
16
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8th 1884
4. *Place of Birth, (Street and Number)* No. 5. N. Canton c—
5. *Full Name of Mother,* Cecelia E. McCrea
6. *Mother's Maiden Name,* " " Schaffer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* E. R. McCrea
9. *Father's Occupation,* Plumber
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 N. Appleton St

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

71893
~~71924~~

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9th 1884
4. Place of Birth, (Street and Number) #18 Woodward St
5. Full Name of Mother, Mrs Anna Eliza Brown
6. Mother's Maiden Name, Anna Eliza Lemmerman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Brown
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 No Pappelton St

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

1894

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 9th May 1894 |
| 4. *Place of Birth, (Street and Number)* | 148 Fayette st |
| 5. *Full Name of Mother,* | Katie Baumgartner |
| 6. *Mother's Maiden Name,* | Pfeil |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Adolph Baumgartner |
| 9. *Father's Occupation,* | Baker |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return | W. R. Baumgartner |
| *Address,* | 48 Holland st |
| *Remarks,* | Balto Md |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

71895

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 7th 884 |
| 4. *Place of Birth, (Street and Number)* | No 271 William st |
| 5. *Full Name of Mother,* | Minna Otte |
| 6. *Mother's Maiden Name,* | Kaiser |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Ferdinand Otte |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwaner midwife |
| *Address,* | 330 Hanover st |
| *Remarks,* | |

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

CITY PRINTERS AND STATIONERS.

7

# RETURN OF A BIRTH

~~#925~~ 71896

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White -

3. Date of Birth, Monday June 4th 94

4. Place of Birth, (Street and Number) 26 Hillen st

5. Full Name of Mother, Fredrica Dawes

6. Mother's Maiden Name, Fredrica Fisher

7. Mother's Birthplace, Balto City

8. Full Name of Father, Frank Dawes

9. Father's Occupation, Printer

10. Father's Birthplace, Balto city

Name of Medical Attendant, or other Person who makes this Return E. G. Mitchell M.D.

Address, 51. N Calvert St

Remarks, Balto Md

or the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

7/897

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 June 1884
4. Place of Birth, (Street and Number) 254 Bond St
5. Full Name of Mother, Mary Kopczka
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Ruzizka
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kobtish

Address, 69 N. Washington St

Remarks,

Mary Kobtish

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71898

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. JUN 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) June 11 9 1884

1. Sex, (state whether male or female) female child

2. Race or Color, (if not of the white race) Colored child

3. Date of Birth, June 11 9 1884

4. Place of Birth, (Street and Number) mercannie Court No 13

5. Full Name of Mother, mrs Josephine Lee

6. Mother's Maiden Name, miss Josephine Hattan

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, Jasper Lee

9. Father's Occupation, wark on the warf

10. Father's Birthplace, from Virginia

Name of Medical Attendant, or other Person who makes this Return

Address, Darkey Tomlen No 134 Chesnut st

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons so shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

1899

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 9th 1884. |
| 4. *Place of Birth, (Street and Number)* | 387 Lexington St. |
| 5. *Full Name of Mother,* | Mary E. Auld. |
| 6. *Mother's Maiden Name,* | Mary E Shields. |
| 7. *Mother's Birthplace,* | Baltimore City. |
| 8. *Full Name of Father,* | Edward J Auld. |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Baltimore City. |
| *Name of Medical Attendant,* or other Person who makes this Return | John A Pennington. M.D. |
| *Address,* | 134 N Carrollton Ave |
| *Remarks,* | |

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71900

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 9th 1884
4. *Place of Birth, (Street and Number)* 190 Franklin St
5. *Full Name of Mother,* Mary H. Lucas
6. *Mother's Maiden Name,* " " , Bailey
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Sylvanus H. Lucas
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St per L.B.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

~~71916~~
71901

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 14 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 9th 1884
4. Place of Birth (Street and Number) 856 Mosher St
5. Full Name of Mother Mary Shehan
6. Mother's Maiden Name Mary Dougherty
7. Mother's Birthplace Richmond Va
8. Full Name of Father Dennis Shehan
9. Father's Occupation Car driver
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Skinner M.D.

Address 41 N. Carey St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

~~71815~~ 71907

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 9th of June
4. *Place of Birth, (Street and Number)* 132 N. Durham St.
5. *Full Name of Mother,* Mary Anderson
6. *Mother's Maiden Name,* Mary Wilson
7. *Mother's Birthplace,* Queen Anne Conn.
8. *Full Name of Father,* Thomas Anderson
9. *Father's Occupation,* Hod Carrier
10. *Father's Birthplace,* Queen Anne Conn.

*Name of Medical Attendant,* or other Person who makes this Return Mary Walter

*Address,* 125 N. Caroline St.

*Remarks,*

[illegible] of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and pe[illegible] are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71903

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 11 1884
BALTIMORE

| | |
|---|---|
| No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) | 5th |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | June 9 — 1884 |
| 4. Place of Birth, (Street and Number) | 394 Fulton Ave |
| 5. Full Name of Mother, | Mrs Douglas C. Kenly |
| 6. Mother's Maiden Name, | Celia E. Amos |
| 7. Mother's Birthplace, | Balto |
| 8. Full Name of Father, | Douglas C. Kenly |
| 9. Father's Occupation, | Salesman |
| 10. Father's Birthplace, | Balto |
| Name of Medical Attendant, or other Person who makes this Return | Dr I. W. Clark |
| Address, | 247 N. Stricker St |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

~~71918~~ 71904

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 9th of June 1884.
4. *Place of Birth, (Street and Number)* 49 North Durham st.
5. *Full Name of Mother,* Barbra Bergman.
6. *Mother's Maiden Name,* Barbra Luntz.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Andrew Luntz.
9. *Father's Occupation,* Laborman.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel

*Address,* 71 North Chapel st. per Justina Kunkel.

*Remarks,* Healthy.

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

~~71912~~ 71905

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3. Child

1. *Sex, (state whether male or female)* Little Boy
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* 9th of June 1884
4. *Place of Birth, (Street and Number)* No 80 Payson Baltimore city
5. *Full Name of Mother,* Mrs. Synder
6. *Mother's Maiden Name,* Miss Emerich
7. *Mother's Birthplace,* Kessen Darstadt Germany
8. *Full Name of Father,* Mr Synder
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Born in Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Killer

*Address,* 1017 West Pratt in city

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who [illegible] hereafter fail to comply with the provisions of this [illegible] shall be subject to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, ~~71911~~ 71906

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th child

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* March 10 - 1884
4. *Place of Birth, (Street and Number)* no 140 Lancaster Street
5. *Full Name of Mother* Michalina ~~[illegible]~~ Widusky
6. *Mother's Maiden Name* Michalina Sibisky
7. *Mother's Birthplace* Polish
8. *Full Name of Father* Peter Wisdusky
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Polish

*Name of Medical Attendant,* or other Person who makes this Return. Marice Günthner 245 S. Wolf Street

*Address* John Brown ~~Cabinet maker 224 S. Bethel St~~

*Remarks* ~~alphonsus Grave yard June 10. 1884~~

4 o'clock P.M.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

~~1879~~ 71907

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 14 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10th 1884
4. Place of Birth, (Street and Number) 50 E Wing St
5. Full Name of Mother, Mary Elizabeth Gonce
6. Mother's Maiden Name, Mary Elizabeth Heim
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Eugene Gonce
9. Father's Occupation, Laborer
10. Father's Birthplace, Cecil County Md

Name of Medical Attendant, or other Person who makes this Return Mrs W. Maennel. Midwife.

Address, 428 Saratoga sts

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

~~7909~~ 71908

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~June~~ July 10th 1884
4. *Place of Birth, (Street and Number)* 29 Scott St.
5. *Full Name of Mother,* Susan Lemkes
6. *Mother's Maiden Name,* " " Hefsler
7. *Mother's Birthplace,* Baltimore Co. Md
8. *Full Name of Father,* Harman Lemkes
9. *Father's Occupation,* Saloonkeeper
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Wm Gombel M.D.

*Address,* 1705 S. Sharp St.

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

~~71908~~ 71909

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 14 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth (4th)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10th 1884
4. *Place of Birth, (Street and Number)* 454 E. Eager Street
5. *Full Name of Mother,* Elizabeth Wehrman
6. *Mother's Maiden Name,* " Brownan
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Frederick George Wehrman
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return James E. Whiteford M.D.

*Address,* 195 Sicquith St

*Remarks,* City

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons w[illegible]all hereafter fail to comply with the provisions of t[illegible]tion shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penalti[illegible]e recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

~~71909~~
71910

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 13 1884
BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Males Twins
2. Race or Color (if not of the white race) White
3. Date of Birth June 10th 1884
4. Place of Birth (Street and Number) 49 S Paca St
5. Full Name of Mother Emma A Kingsmore
6. Mother's Maiden Name Emma Hartley
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father George Kingsmore
9. Father's Occupation Horse Dealer
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return. T Edward Kirby MD

Address 82 Columbia Avenue

Remarks Twins Both presented in the Right occipito-anterior position each having a seperate Placenta time of Labor 7 hours

# RETURN OF A BIRTH

7906
71911

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 10th
4. Place of Birth, (Street and Number) 19 Hudson Alley
5. Full Name of Mother, Mary E. McComas
6. Mother's Maiden Name, " " Gosnell
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, J. R. McComas
9. Father's Occupation, Confectioner
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other Person who makes this Return Jas. M. Craighill M.D.

Address, 1406 N. Charles St.

Remarks,

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

7905

71912

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 10th 1884

4. Place of Birth, (Street and Number) 664 S Charles st

5. Full Name of Mother, Alice Smith

6. Mother's Maiden Name, Alice Leathers

7. Mother's Birthplace, Frederic co md

8. Full Name of Father, William Smith

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return Elizabeth Hinton

Address, No 79 Randall st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

...TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

1913

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10. June 1884
4. Place of Birth, (Street and Number) Balto. Thames st No 99
5. Full Name of Mother, Martha Luking
6. Mother's Maiden Name, M. Sibilling
7. Mother's Birthplace, Germany
8. Full Name of Father. Jos. Luking
9. Father's Occupation, Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Koplish

Address, 69 N Washington st

Remarks, Mary Koplish

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

~~4923~~ 71914

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 16 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Baltimore June 15 1884 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | June 11 |
| 4. *Place of Birth, (Street and Number)* | 149 Chestnut Street |
| 5. *Full Name of Mother,* | Lydia Brown |
| 6. *Mother's Maiden Name,* | Lydia Mason |
| 7. *Mother's Birthplace,* | Fredericksburg Va |
| 8. *Full Name of Father,* | Joseph Henry Brown |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Easton Shore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Caroline Jordon |
| *Address,* | 149 Chestnut Street Md |
| *Remarks,* | |

PIET, PRINTER & STATIONER, BALT.

GIVEN NAME ADDED 7-20-55

# RETURN OF A BIRTH

7915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1884 BALTIMORE

Frank Bernhardt Broessel

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | tenth |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | June 11th 1884 |
| 4. Place of Birth, (Street and Number) | 257 Mulberry St. |
| 5. Full Name of Mother, | Louise Broessel. |
| 6. Mother's Maiden Name, | Louise List |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | Justus Broessel. |
| 9. Father's Occupation, | Cabinet Maker |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other Person who makes this Return | Mrs W. Maginnel Mid Wife |
| Address, | 228 Saratoga St. |
| Remarks, | |

...ULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

1916

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars which such offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June the 11
4. Place of Birth, (Street and Number) Baltimore . Batty. A. 146
5. Full Name of Mother, Estella Van Nostrand
6. Mother's Maiden Name, Estella Monks
7. Mother's Birthplace, Hartford . Co
8. Full Name of Father, W C Van Nostrand
9. Father's Occupation, Elevator bisness
10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return Mrs. Conerway

Address,

Remarks,

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7191 1/2

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 17 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 9 June
4. Place of Birth, (Street and Number) 86 E. Gough
5. Full Name of Mother, Mary Cane
6. Mother's Maiden Name, Rose
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Cane
9. Father's Occupation, Tavern
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 92 E. Lombard street

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71917

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 12 1884
BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 11th 1884 |
| 4. *Place of Birth, (Street and Number)* | Alicanna near Burke St |
| 5. *Full Name of Mother,* | Mrs Barbara Corourn |
| 6. *Mother's Maiden Name,* | Miss Barbara Lauers |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Henry Corourn |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs R. A. Garrett |
| *Address,* | No 65 Burke St |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

~~7/1918~~ 7/918

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 12th
4. *Place of Birth (Street and Number)* # 48 Williamson Street
5. *Full Name of Mother* Priscilla Carroll
6. *Mother's Maiden Name* Priscillia Parks
7. *Mother's Birthplace* Parks Road
8. *Full Name of Father* Alexandrov Carroll
9. *Father's Occupation* Sailor
10. *Father's Birthplace* St. Mary's County

*Name of Medical Attendant,* or other Person who makes this Return. Francis Smothers

*Address* 67 Leadenhall Street

*Remarks* Doing Well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

71877
71919

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12, 1884.
4. Place of Birth, (Street and Number) No 487 E Eager St
5. Full Name of Mother, Julie Baroch
6. Mother's Maiden Name, Kaisler
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Pete Baroch
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20 Barnes St

Remarks,

Every birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7/1920

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 14 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 12th 1884

4. Place of Birth, (Street and Number) Jefferson Place

5. Full Name of Mother, Emily B Hayes

6. Mother's Maiden Name, " J " Bayles

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas J Hayes

9. Father's Occupation, Stenographer

10. Father's Birthplace, Pa

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 116 Madison Ave

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

~~1921~~ 71921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore Dec 12. 1887

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Born June 12 1887

4. Place of Birth, (Street and Number) No 10 Watson alley

5. Full Name of Mother, Mary Matten

6. Mother's Maiden Name, Mary Harrison

7. Mother's Birthplace, West Moreland Co Va.

8. Full Name of Father, John W Matten

9. Father's Occupation, Teacher man

10. [redacted]ather's Birthplace, Richmon Va.

Name of Medical Attendant, or other Person who makes this Return Darley Wright

Address. No 4 Canal alley

Remarks,

LANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71922

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) June th 12 1884

1. Sex, (state whether male or female) f male child

2. Race or Color, (if not of the white race) Colord child

3. Date of Birth, June th 12, 1884

4. Place of Birth, (Street and Number) hannsted Street No 17

5. Full Name of Mother, Henriet Brown

6. Mother's Maiden Name, Henriet Brown

7. Mother's Birthplace, Baltimare City Md

8. Full Name of Father, Sal Brown

9. Father's Occupation, Work in Caunty he is a fermar

10. Father's Birthplace, State of marylond

Name of Medical Attendant, or other Person who makes this Return Dr Keg Jamban

Address, No. 34 Chesnut Street

Remarks, Near Fay Street

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71923

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4"

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 13 1884
4. Place of Birth, (Street and Number) 247 N Calvert St
5. Full Name of Mother, M Robertson
6. Mother's Maiden Name, Valliant
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Robertson
9. Father's Occupation, Attorney — Clerk of Regr. of Wills
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Richard McSherry

Address, 189 N Howard St, Md.

Remarks,

TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

~~4189~~ 71924

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of June 1884
4. *Place of Birth, (Street and Number)* 120 East Orleans Street
5. *Full Name of Mother,* Millea Godlieb
6. *Mother's Maiden Name,* Millea Dideman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Dideman
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Crescentia Kunkel

*Address,* 71 North Chapel St. per Justina Kunkel

*Remarks,* Healthy.

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71925

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 14 1895 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13/84
4. *Place of Birth, (Street and Number)* 45 Warren Ave
5. *Full Name of Mother,* Mary L. Campen
6. *Mother's Maiden Name,* " " Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis M. Campen
9. *Father's Occupation,* Can Manufacturer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St. per L.B.

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

7926

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

JUN 16 1924 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15. Children.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, June 6. th
4. Place of Birth, (Street and Number) No 3 Plum alley
5. Full Name of Mother, annery Murry
6. Mother's Maiden Name, annery Blake
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jacob Murry
9. Father's Occupation, oyster Shucker
10. Father's Birthplace, Eston Shore

Name of Medical Attendant, or other Person who makes this Return Miller & Gross

Address, No. 12 Plum alley

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above mentioned; except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each such offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF [redacted] BIRTH

71927

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* second child

1. *Sex, (state whether male or female)* male child
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 8 June
4. *Place of Birth, (Street and Number)* 632 Light st
5. *Full Name of Mother,* Susie Mu[redacted]r Chaffman
6. *Mother's Maiden Name,* S M M[redacted]Millin
7. *Mother's Birthplace,* Baltimore [redacted] Md
8. *Full Name of Father,* Charles Trinkling Chaffman
9. *Father's Occupation,* Lallore
10. *Father's Birthplace,* Chester county Pa

*Name of Medical Attendant,* or other Person who makes this Return Mary Fontze

*Address,* 630 Light St

*Remarks,* And wid

HEALTH DEPARTMENT JUN 18 1884 BALTIMORE

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [redacted]uired, except in the cases of the births and deaths [redacted]egitimate children, and any person or persons [redacted] shall hereafter fail to comply with the provisions of [redacted]ection shall be subject to a fine of ten dollar[redacted] each offence, to be recovered as other fines and penal[redacted] are recoverable.

[redacted]O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

74928

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Meale

2. Race or Color, (if not of the white race)

3. Date of Birth, June 10

4. Place of Birth, (Street and Number) Baltimore Hamburg st. No 427

5. Full Name of Mother, Elizebeth Rial

6. Mother's Maiden Name, Elizebeth Gripp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William James Rial

9. Father's Occupation, Safe Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Miss M. Shaffer

Address, 114 Ridgley St

Remarks,

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71939

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 12th 1884

4. Place of Birth, (Street and Number) No 45 Burgundy Alley

5. Full Name of Mother, Harriet Baily

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto City

8. Full Name of Father, Edward Baily

9. Father's Occupation, Tailor

10. Father's Birthplace, Accomac Co Virginia

Name of Medical Attendant, or other Person who makes this Return Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

HEALTH DEPART... JUN 16 1884 BALTIMO...

of the parents, and the maiden name of the mother of such child or children."

...CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ten th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 12

4. Place of Birth, (Street and Number) Baltimore Burgundy st. No 128

5. Full Name of Mother, Louisa Einwachter

6. Mother's Maiden Name, Louisa Nissen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Adam Einwachter

9. Father's Occupation, Wagon Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs M. Shaffer

Address, 114 Ridgley st.

Remarks,

HEALTH DEPARTMENT JUN 13 1894 BALTIMORE

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

71931

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12th day of June
4. *Place of Birth, (Street and Number)* Baltimore 32 Cole St
5. *Full Name of Mother,* Mary E Schleicher
6. *Mother's Maiden Name,* Mary E Schultz
7. *Mother's Birthplace,* Elkridge Landing Howard Co.
8. *Full Name of Father,* Charles Schleicher
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return Mrs Kraning Midwife

*Address,* No 60. Parrish St Balto Md

*Remarks,* Mother and Child doing well

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

71932

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE

over To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female name: Caroline Cookson Fenby
2. Race or Color (if not of the white race) White
3. Date of Birth June 12th 1884
4. Place of Birth (Street and Number) 283 N. Eden St.
5. Full Name of Mother Martha ~~Fenby~~
6. Mother's Maiden Name " Smith
7. Mother's Birthplace Carroll Co.
8. Full Name of Father Edwin B. Fenby
9. Father's Occupation Physician
10. Father's Birthplace Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. Edwin B. Fenby, M.D.

Address 283 N. Eden St

Remarks

74933

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, June the 13, 1884
4. Place of Birth, (Street and Number) Asquith St. No 176
5. Full Name of Mother, Emma Scheuermann
6. Mother's Maiden Name, Emma Mayer
7. Mother's Birthplace, Balto City
8. Full Name of Father, Friedrich Scheuermann
9. Father's Occupation, Piano maker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks, .....

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

11931

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male ~~or female~~) [redacted]
2. Race or Color, (if not of the white race) White
3. Date of Birth, June the 12th
4. Place of Birth, (Street and Number) N. Wolfe St. No 53
5. Full Name of Mother, Mary Hinds
6. Mother's Maiden Name, Mary Mozingo
7. Mother's Birthplace, Balt^o City
8. Full Name of Father, Georg Hinds
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt^o City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7935

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10th 1884.
4. *Place of Birth, (Street and Number)* W. Fayette st
5. *Full Name of Mother,* Mary Thomas.
6. *Mother's Maiden Name,* Mary Schroeder.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Thomas.
9. *Father's Occupation,* Wagon Painter.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Miss M. A. Cottrell

*Address,* # 76 William st.

*Remarks,*

IET, PRINTER & STATIONER, BALT.

71936

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUN 17 1884
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12 1884
4. *Place of Birth, (Street and Number)* 73 Duncan Ave
5. *Full Name of Mother,* Mary Mickonner
6. *Mother's Maiden Name,* Mary Sulivan
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father.* Patric Mickonne
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimo

*Name of Medical Attendant,* or other Person who makes this Return Mrs E Tray

*Address,* 193 Chester

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period ab[illegible] required, except in the cases of the births and deat[illegible] illegitimate children, and any person or perso[illegible] who shall hereafter fail to comply with the provisions [illegible] this section shall be subject to a fine of ten dolla[illegible] for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

71937

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT. JUN 17 1894 BALTIMORE.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 cd

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 12th 1894
4. *Place of Birth (Street and Number)* 65 Dunham st
5. *Full Name of Mother* Della Hill
6. *Mother's Maiden Name* a Stuart
7. *Mother's Birthplace* Ann Arundel Co
8. *Full Name of Father* Norwood S. Hill
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Southampton Va.

*Name of Medical Attendant,* or other Person who makes this Return. Dety Workman

*Address* 25 First st

*Remarks*

71938

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

*No. of Child of Mother,* (~~state whether 1st, 2d, 3d, &c.~~) 6th

1. *Sex,* (~~state whether male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white race*)
3. *Date of Birth,* June 13th/84
4. *Place of Birth,* (*Street and Number*) 268. Lexington St.
5. *Full Name of Mother,* Sarah H. Emerich,
6. *Mother's Maiden Name,* Sarah H. Straup.
7. *Mother's Birthplace,* Winchester, Va.
8. *Full Name of Father,* Martin Emerich,
9. *Father's Occupation,* Merchant.
10. *Father's Birthplace,* Baltimore, Md.

*Name of Medical Attendant,* or other Person who makes this Return John I. R. Kroger, Md.

*Address,* 273. Lexington St.

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible]nts of such child to report its birth to the Board of [illegible]lth, in the manner, and within the period abov[illegible]uired, except in the cases of the births and deaths [illegible]egitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

71939

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 14th 1884
4. *Place of Birth (Street and Number)* 4 Fall St.
5. *Full Name of Mother* Josephine Thompson
6. *Mother's Maiden Name* Atkinson
7. *Mother's Birthplace* St. Mary's Co.
8. *Full Name of Father* Edley Thompson
9. *Father's Occupation* Sailor
10. *Father's Birthplace* St. Mary's Co.

*Name of Medical Attendant, or other Person who makes this Return.* Edwin B. Fenby, M.D.

*Address* 283 Eden cor Biddle

*Remarks*

# RETURN OF A BIRTH

11240

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th of June 1857

4. Place of Birth, (Street and Number) 207 Jefferson Street

5. Full Name of Mother, Sallie Dayrone

6. Mother's Maiden Name, Sallie Wilson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Joseph Wilson

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 77 North Chapel St. per Justina Kunkel

Remarks, Healthy

...CO., CITY PRINTERS AND STATIONERS.

71941

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Female Colored
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, June 14 1884
4. Place of Birth, (Street and Number) Mullinkin St 125
5. Full Name of Mother, Martliney Carr
6. Mother's Maiden Name, Martliney Conaway
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, William Carr
9. Father's Occupation, Labor
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return Lucinder Woolford

Address, 130 Register St

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11942

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. Eddren

1. Sex, (state whether male or female) Mail

2. Race or Color, (if not of the white race) Colrd

3. Date of Birth, Jan 14. 1904

4. Place of Birth, (Street and Number) No [redacted] 5 Wire alley

5. Full Name of Mother, Annie Green

6. Mother's Maiden Name, Ames [redacted] King

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Ben Green

9. Father's Occupation, Baiter

10. Father's Birthplace, Easton Shore

Name of Medical Attendant, or other Person who makes this Return Miller Green

Address, No 12 Plum alley

Remarks,

BALTIMORE

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [redacted] of such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 17
1864
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [redacted] of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [redacted] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

719411

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 16 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Kind

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Weiss

3. Date of Birth, Geboren den 15ten June

4. Place of Birth, (Street and Number) No 139 S. Eutaw Str

5. Full Name of Mother, Margarethe Trautner

6. Mother's Maiden Name, Margarethe Miner

7. Mother's Birthplace, Deutschland

8. Full Name of Father, Johan Trautner

9. Father's Occupation, Butcher

10. Father's Birthplace, Deutschland.

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dallas Str

Remarks, Hebamme

place of its birth, and the said scheme shall be delivered, duly signed, by the parent to the Board of Health. In case the certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person in charge of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

71945

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 30 1884 |
| 4. *Place of Birth, (Street and Number)* | 178 Greenwich Ave |
| 5. *Full Name of Mother,* | Elizabeth Ulrich |
| 6. *Mother's Maiden Name,* | " Price |
| 7. *Mother's Birthplace,* | Balt. City |
| 8. *Full Name of Father,* | John Ulrich |
| 9. *Father's Occupation,* | Baker |
| *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | J. A. Robinson, M.D. |
| *Address,* | 25 1/2 Greenwich Ave |
| *Remarks,* | |

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

71946

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 38

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7. 1884
4. *Place of Birth, (Street and Number)* 25 Willow St
5. *Full Name of Mother,* Maggie Fushlein
6. *Mother's Maiden Name,* Maggie Doyle
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* A. Fushlein
9. *Father's Occupation,* Hack Driver
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return J. H. Robinson M.D.

*Address,* 25/2 Greenmt Ave.

*Remarks,*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

7947

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or chil

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Seventh (7th) |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | May 7th 84 |
| *4. Place of Birth (Street and Number)* | 124 Hill St |
| *5. Full Name of Mother* | Mary [illegible] |
| *6. Mother's Maiden Name* | Mary Wright |
| *7. Mother's Birthplace* | ~~Baltimore~~ MD |
| *8. Full Name of Father* | John Henry Smith |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Eastern Shore MD Somerset Co Princess Anne |
| *Name of Medical Attendant,* or other Person who makes this Return. | Whitefield Primary MD |
| *Address* | 115 E. Fayette St |
| *Remarks* | Born at her Mothers |

71948

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third child

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 257 Stricker St City
4. *Place of Birth, (Street and Number)* May, 12, 1884
5. *Full Name of Mother,* Mary Forster
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Pennsylvina
8. *Full Name of Father,* William Forster
9. *Father's Occupation,* Mayland Painter
10. *Father's Birthplace,* Mayland

*Name of Medical Attendant,* or other Person who makes this Return Mary C Jones

*Address,* No 17 Watsvat st

*Remarks,* City

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible]nts of such child to report its birth to the Board of [illegible]lth. In the manner, and within the period abo[illegible]uired, except in the cases of the births and deaths [illegible]egitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A. CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

719449

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 12 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 May 1894
4. Place of Birth, (Street and Number) 26 Barre St.
5. Full Name of Mother, Mary Haduk
6. Mother's Maiden Name, Mary Beran
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Haduk
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Hoptiak

Address, 69 N. Washington St

Remarks, Mary Hoptiak

place of its birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 7190

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 12 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th 1894
4. *Place of Birth, (Street and Number)* 163 Lemmon St
5. *Full Name of Mother,* Lady Foster
6. *Mother's Maiden Name,* Lady Bowers
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* John Foster
9. *Father's Occupation,* wagon driver
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return T. A. Wiley M.D

*Address,* 196 West Lombard St

*Remarks,*

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

71951

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) female
3. Date of Birth, 169 Sterling str
4. Place of Birth, (Street and Number) 13th May 1884
5. Full Name of Mother, Maggie Butts
6. Mother's Maiden Name, // Kries
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Butts
9. Father's Occupation, Varnisher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mrs. Albig

Address, 48 Holland str

Remarks, Balto

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE

71952

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Edrored

1. *Sex, (state whether male or female)* a female child
2. *Race or Color, (if not of the white race)* Edrod
3. *Date of Birth,* May 15th
4. *Place of Birth, (Street and Number)* 10 32 Stockton alley
5. *Full Name of Mother,* Sarah Cook She has been the mother of
6. *Mother's Maiden Name,* Sarah Brown seven children
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Cook
9. *Father's Occupation,* Oyster Schucker
10. *Father's Birthplace,* Onn Mandel Co

*Name of Medical Attendant,* or other Person who makes this Return med Wibe garegemner Week

*Address,* 36 Stockton alley

*Remarks,*

*Extract Regulations of the Board of Health to secure a full correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7953

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 12 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 May 1884
4. Place of Birth, (Street and Number) Balto. Durham st No 245
5. Full Name of Mother, Antonie Werner
6. Mother's Maiden Name, A Jacobi
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Moshar Werner
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Dolfish

Address, 64 N. Washington st

Remarks, Mary Dolfish

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

71954

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15. - 1884
4. *Place of Birth, (Street and Number)* No 73. Sterling Str.
5. *Full Name of Mother,* Lisie James
6. *Mother's Maiden Name,* " Bedfeed
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred James
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Josephina Konrad

*Address,* No 20. Barnes

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PITT & CO., CITY PRINTERS AND STATIONERS.

71955

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 18 1884
4. *Place of Birth, (Street and Number)* 57 E Eager
5. *Full Name of Mother,* Rose Smith
6. *Mother's Maiden Name,* Rose McIntire
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* H. W. Smith
9. *Father's Occupation,* Carriage Driver
10. *Father's Birthplace,* W. Va.

*Name of Medical Attendant,* or other Person who makes this Return J. R. Robinson M.D.

*Address,* 25½ Greenmount Ave

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

11956

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (5)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18. 1884
4. Place of Birth, (Street and Number) No. 15 Barnes St
5. Full Name of Mother, Barbara Carson
6. Mother's Maiden Name, Kaspar
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Charles Carson
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No. 20, Barnes St.

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PITT & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71957

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21st 1884
4. *Place of Birth, (Street and Number)* 1245 McAuley St
5. *Full Name of Mother,* Catherine Hanna
6. *Mother's Maiden Name,* Bray
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Robert Hanna
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Dennis Hallagan

*Address,* 182 E Monument St

*Remarks,*

HEALTH DEPARTMENT
NOV 15 1884
BALTIMORE

**Record of Vital Statistics in the City of Baltimore**

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

11938

HEALTH DEPARTMENT RECEIVED DEC 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22, 1884.
4. *Place of Birth, (Street and Number)* 201 E. Chase St
5. *Full Name of Mother,* Lizzie Bond
6. *Mother's Maiden Name,* Fillifsi
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Bond
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Joseph Konrad

*Address,* No 20 Barnes St

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

11959

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22, 1884
4. Place of Birth, (Street and Number) Balto. Thames st No 208
5. Full Name of Mother, Mary Blashek
6. Mother's Maiden Name, Mary - - -
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Thomas.
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopisch

Address, 69 W Washington st

Remarks, Mary Kopisch

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PEET & CO., CITY PRINTERS AND STATIONERS.

71960

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23, 1884
4. Place of Birth, (Street and Number) No 313, N. Durham
5. Full Name of Mother, Barbara Vitek
6. Mother's Maiden Name, Bursik
7. Mother's Birthplace, " Bohemia
8. Full Name of Father, Joseph Vitek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephine Konrad

Address, No 20, Barnes St.

Remarks,

**Record of Vital Statistics in the City of Baltimore.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

71961

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* May 23rd 1884
4. *Place of Birth, (Street and Number)* 52 King St
5. *Full Name of Mother,* ~~Laura Carr~~ Laura Hall
6. *Mother's Maiden Name,* Laura Carr
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Wm Hall
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore Co. Maryland

*Name of Medical Attendant,* or other Person who makes this Return J. K. Wiley M.D.

*Address,* 195 W. Lombard St

*Remarks,*

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

71962

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 13 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d,

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* weiss
3. *Date of Birth,* d. 23/5. Abends 9 Uhr
4. *Place of Birth, (Street and Number)* Biddelstr 130.
5. *Full Name of Mother,* Filippine Klein
6. *Mother's Maiden Name,* Filippine Dänz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Klein
9. *Father's Occupation,* Arbeiter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return, Johanna Grube Hebamme

*Address,* Biddelstr 103

*Remarks,*

**Record of Vital Statistics in the City of Baltimore.**

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

71963

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN
19
1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) First

1. *Sex*, (*state whether male or female*) Female

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, May 23. 1884

4. *Place of Birth*, (*Street and Number*) 714 Hanover

5. *Full Name of Mother*, Ada Weller

6. *Mother's Maiden Name*, Ada Stagman

7. *Mother's Birthplace*, Baltimore Md.

8. *Full Name of Father*, Charles Weller

9. *Father's Occupation*, Ornamental Engraver

10. *Father's Birthplace*, Baltimore Md.

*Name of Medical Attendant*, or other Person who makes this Return E. K. Wiley M.D.

*Address*, 195 West Lombard St

*Remarks*,

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 May 1894
4. Place of Birth, (Street and Number) Balto. Washington St No 137
5. Full Name of Mother, Bar. Stesher
6. Mother's Maiden Name, Bar Stesher
7. Mother's Birthplace, Germany
8. Full Name of Father, Anton Stesher
9. Father's Occupation,
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Skeptish

Address, 69 N Washington St

Remarks, Mary Skeptish

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

71965

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 May 1884
4. *Place of Birth, (Street and Number)* ~~Bal~~ No 26 Binns St Canton
5. *Full Name of Mother,* Mary Smejkal
6. *Mother's Maiden Name,* M. Truhlar
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* G. Truhlars
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptish

*Address,* 69 N Washington St

*Remarks,* Mary Koptish

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71966

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 16 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First (1st)

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* Colored

*3. Date of Birth* May 25th 1884

*4. Place of Birth (Street and Number)* 14 East Street

*5. Full Name of Mother* Louisa White

*6. Mother's Maiden Name* Louisa Williams

*7. Mother's Birthplace* Baltimore Md

*8. Full Name of Father* James White

*9. Father's Occupation* Kalsominer (White washer)

*10. Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Whitfield Winney Md

*Address* 115 E. Fayette Street

*Remarks* Full term - quite large - delivered with Forceps

*Extract Regulations of the Board of Direct Record of Vital Statistics in the City of Baltimore.*

Tuat any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7196

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 10 1884 BALTIMORE.

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Baltimore. May 25 '84

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25
4. *Place of Birth, (Street and Number)* Fayette St No 20
5. *Full Name of Mother,* Martha Sheets
6. *Mother's Maiden Name,* Mary Sheets
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Edward Sheets
9. *Father's Occupation,* Worker in Chinaware
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. Alfred Henderson

*Address,* No 26 Vincent St

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

71968

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 26th 1884
4. *Place of Birth, (Street and Number)* 146 Saratoga St.
5. *Full Name of Mother,* Martha Wagner
6. *Mother's Maiden Name,* Kerning
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Leonhard Wagner
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Dora Hillegeist

*Address,* 182 E. Monument St.

*Remarks,*

SECTION 7—And be it further enacted and ordained that the person under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

11269

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 May 1884
4. Place of Birth, (Street and Number) Balto N Washington st No 101
5. Full Name of Mother, B. Troyd
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Jos. Troyd
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Kloppisch

Address, 69 N Washington st

Remarks, Mary Kloppisch

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

71970

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 May 1884
4. *Place of Birth, (Street and Number)* Balto.
5. *Full Name of Mother,* Katy Streb
6. *Mother's Maiden Name,* Katy Streb
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank streb
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary Kaptish

*Address,* 69 N Washington st

*Remarks,* Mary Kaptish

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

71271

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 May. 1884
4. *Place of Birth, (Street and Number)* 247. Castle St.
5. *Full Name of Mother,* Mary Vitak.
6. *Mother's Maiden Name,* Mary Klima
7. *Mother's Birthplace,* Bohemia.
8. *Full Name of Father,* Joseph Vitak
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptish

*Address,* 64 N. Washington St

*Remarks,* Mary Koptish

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN C. FIET & CO., CITY PRINTERS AND STATIONERS.

7192

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 May 1884
4. Place of Birth, (Street and Number) Balto. Durham st No
5. Full Name of Mother, Mary Stashek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Stashek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopitsch

Address, 69 N. Washington st

Remarks, Mary Kopitsch

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FEST & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

7197 B

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27th 1884
4. *Place of Birth, (Street and Number)* 140 Stanford Ave.
5. *Full Name of Mother,* Christina Cornell
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* Esther Cornell
9. *Father's Occupation,* Agricultural Implements
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Dana Shillagrist

*Address,* 182 E Monument St

*Remarks,*

SECTION 7.—Any [illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

71974

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 15 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27th 1884
4. *Place of Birth, (Street and Number)* Palais Ave
5. *Full Name of Mother,* Mary Rettberg
6. *Mother's Maiden Name,* Hallinger
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Rettberg
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Dora Willegeist

*Address,* 182 E. Monument St.

*Remarks,*

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

71975

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 9 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3d |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | May 27th 1884 |
| *4. Place of Birth (Street and Number)* | 102 Parkin St. |
| *5. Full Name of Mother* | Annie Young |
| *6. Mother's Maiden Name* | Sapp |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Joseph Young |
| *9. Father's Occupation* | Bricklayer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | H. W. Webster M.D. |
| *Address* | 298 W. Lombard St. City |
| *Remarks* | |

**Extract from Regulations of the Board of Health of the City of Baltimore.**

**Duty to Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

11276

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 May 1884
4. Place of Birth, (Street and Number) Balto. Wolfe st No 224
5. Full Name of Mother, Mary Zink
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, John Zink
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Koplish

Address, 69 N Washington

Remarks, Mary Koplish

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

71977

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother,* (*state whether* 1st, ~~2d~~, 3d, &c.) _____

1. *Sex* (*state whether male or* ~~female~~) _____
2. *Race or Color,* (*if not of the white race*) W
3. *Date of Birth* May 23 1884
4. *Place of Birth,* (*Street and Number*) N° 529 Light St
5. *Full Name of Mother* Emma Eckhard
6. *Mother's Maiden Name* " Marshall
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John J Marshall
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. J H Patterson M D

*Address* 23 Franklin St

*Remarks* _____

71978

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 d.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28 May 1884
4. *Place of Birth, (Street and Number)* 79 Sheet st
5. *Full Name of Mother,* Bertha Fuchs
6. *Mother's Maiden Name,* Bertha Steil
7. *Mother's Birthplace,* Kirchberg Reihn Preusen
8. *Full Name of Father,* Heinrich Fuchs
9. *Father's Occupation,* Bäker
10. *Father's Birthplace,* Kirchberg Reihn Preusen

*Name of Medical Attendant,* or other Person who makes this Return Anna Schweikart

*Address,* 57 E Lombart st

*Remarks,* nodon

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11979

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 May 1884
4. Place of Birth, (Street and Number) Balto. Madeira Alley. 121
5. Full Name of Mother, Maggie Rudolph
6. Mother's Maiden Name, Maggie Rudolph
7. Mother's Birthplace, Germany
8. Full Name of Father, George Rudolph
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mary Koplish

Address, 69 North Washington St

Remarks, Mary Koplish

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

7198

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 12 1884
BALTIMORE.

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 May 1884
4. *Place of Birth, (Street and Number)* 339 Orleans St
5. *Full Name of Mother,* Helen Balvin
6. *Mother's Maiden Name,* Helen Kopetaka
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Balvin
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptish

*Address,* 69 N. Washington St.

*Remarks,* Mary Koptish

JOHN F. FIET & CO., CITY PRINTERS AND STATIONERS.

74981

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 May 1884
4. Place of Birth, (Street and Number) 76 Castle St.
5. Full Name of Mother, Mary Karas
6. Mother's Maiden Name, Mary Novak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Karas
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptick

Address, 69 N. Washington St

Remarks, Mary Koptick

JOHN L. PIET & CO., CITY PRINTERS AND STATIONERS.

719 P2

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 May 1894
4. Place of Birth, (Street and Number) 191 Jefferson St
5. Full Name of Mother, Sofa Shimek
6. Mother's Maiden Name, Sofa Novak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jo Shimek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 N. Washington St

Remarks, Mary Koptish

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7/983

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 29, 1884 |
| 4. *Place of Birth, (Street and Number)* | 317 Greenmount Ave |
| 5. *Full Name of Mother,* | Ettie Pentland |
| 6. *Mother's Maiden Name,* | Ettie Gilbert |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Jefferson D. Pentland |
| 9. *Father's Occupation,* | Gardner |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | J. H. Robertson M.D. |
| *Address,* | 317 Greenmount Ave. |
| *Remarks,* | |

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...M. J. O DULANY & CO., CITY PRINTERS AND STATIONERS

71984

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth (5)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29, 1884
4. *Place of Birth, (Street and Number)* Prospect Lane no nuber
5. *Full Name of Mother,* Hedwic Kunkel
6. *Mother's Maiden Name,* " Wagner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Kunkel
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Josephina Konrad

*Address,* No 20. Barnes St.

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

71985

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 May. 1884
4. *Place of Birth, (Street and Number)* 50. Durham St
5. *Full Name of Mother,* Barbara Kotchka
6. *Mother's Maiden Name,* Barbara Schumenera
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Kotchka
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptish

*Address,* 69 N. Washington St

*Remarks,* Mary Koptish

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

71986

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 May 1894
4. Place of Birth, (Street and Number) 6. Castle Street
5. Full Name of Mother, Frances Rochowska
6. Mother's Maiden Name, Frances Beran
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Rochowska
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 64 N. Washington St.

Remarks, Mary Koptish

SECTION 6.—And be it further enacted, and ordained, that any person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FEST & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

71987

HEALTH DEPARTMENT JUN 17 1894 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The Third

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 29 1894.

4. *Place of Birth, (Street and Number)* Gibson's Court #7 Balto. Md.

5. *Full Name of Mother,* Mary Johnson

6. *Mother's Maiden Name,* Mary Galoway

7. *Mother's Birthplace,* Summerset County Md.

8. *Full Name of Father,* Dennis B Galoway

9. *Father's Occupation,* Shucks Oysters

10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Geo. Anna Webb M.D.

*Address,*

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

71988

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 May 1884
4. *Place of Birth, (Street and Number)* Balto. Lombard st No 3. Highlandtown
5. *Full Name of Mother,* Lena Bower
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Bower
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptish

*Address,* 69 N Washington st

*Remarks,* Mary Koptish

SECTION 6.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

71989

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30th 1884
4. *Place of Birth, (Street and Number)* 172 E Monument St
5. *Full Name of Mother,* Mary Quigley
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* John E. Quigley
9. *Father's Occupation,* Conductor M.R.R.R.
10. *Father's Birthplace,* Balto. Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Dena Hillegeist

*Address,* 172 E Monument St

*Remarks,*

under whose charge or Superintendence a birth shall hereafter take place, shall [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

71990

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30th 1884
4. *Place of Birth, (Street and Number)* 1120 [illegible] High St
5. *Full Name of Mother,* Ida Ehrenmann
6. *Mother's Maiden Name,* Gillehamet
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles E Ehrenmann
9. *Father's Occupation,* Stevenette
10. *Father's Birthplace,* Washington D C

*Name of Medical Attendant,* or other Person who makes this Return. [illegible] Druggist

*Address,* 182 E Monument St

*Remarks,*

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the city of [illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74991

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUN 12 1924
BALTIMORE

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 30 1884.
4. Place of Birth, (Street and Number) No. 144 Barnes St.
5. Full Name of Mother, Marie Pasuska
6. Mother's Maiden Name, " Baroch
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Pasuska
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20, Barnes Ste

Remarks,

JOHN E. FIET & CO., CITY PRINTERS AND STATIONERS.

7199

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30. May. 1884
4. Place of Birth, (Street and Number) 49 Duncan Alley
5. Full Name of Mother, Annie Vanastek
6. Mother's Maiden Name, Annie Banesh
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Charles Vanastek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary. Koptish

Address, 69 N. Washington St

Remarks, Mary Koptish

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. FIET & CO., CITY PRINTERS AND STATIONERS.

11993

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 13 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 May 1884
4. Place of Birth, (Street and Number) 46 Duncan & Clay
5. Full Name of Mother, Mary Fousek
6. Mother's Maiden Name, Mary Batchek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Fousek
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptisch

Address, 69 N. Washington St

Remarks, Mary Koptisch

SECTION 6.—And be it further enacted and ordained, That every person practicing medicine or midwifery in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FEET & CO., CITY PRINTERS AND STATIONERS.

7A994

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

SECTION 6.—And be it further enacted and ordained, That every birth hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 31st 1884
4. Place of Birth, (Street and Number) 96 N. Fremont St Balto
5. Full Name of Mother, Mary Elizabeth Robertson
6. Mother's Maiden Name, Mary Elizabeth Belt
7. Mother's Birthplace, Mt Washington Balto Co Md
8. Full Name of Father, George William C. Robertson
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore (C)

Name of Medical Attendant, or other Person who makes this Return A K Bond M D

Address, 316 Franklin St City.

Remarks,

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7995

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 June
4. Place of Birth, (Street and Number) 34 High
5. Full Name of Mother, Rachel Weisberg
6. Mother's Maiden Name, Goldstein
7. Mother's Birthplace, Europe
8. Full Name of Father, Isaac Weisberg
9. Father's Occupation, Taylor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 92 E. Lombard

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

71996

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 7th 1884
4. *Place of Birth, (Street and Number)* 138 E. Madison St.
5. *Full Name of Mother,* Anna Hammer
6. *Mother's Maiden Name,* " Wood
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Andrew Hammer
9. *Father's Occupation,* Whipmaker
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return D. Sheets M.D.

*Address,* 14 S. N. Exeter St.

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

71997

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 1904 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5-th

1. *Sex (state whether male or female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 9th June

4. *Place of Birth (Street and Number)* No 21 Holland st

5. *Full Name of Mother* Mary E. Taylor

6. *Mother's Maiden Name* " " Baynes

7. *Mother's Birthplace* Baltimore County

8. *Full Name of Father* John W Taylor

9. *Father's Occupation* Fancy Soap Maker

10. *Father's Birthplace* Anarundel County

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Frey

*Address* No 13 Holland st

*Remarks*

---

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

71998

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 9th 1884

4. Place of Birth, (Street and Number) 21 Pearl St

5. Full Name of Mother, Clara Peterson

6. Mother's Maiden Name, Clara Peterson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Clayton Peterson

9. Father's Occupation, Furniture Dealer

10. Father's Birthplace, Alexandria, Va.

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 So Eappleton St

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH,

71999

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* June 9/84
4. *Place of Birth, (Street and Number)* No 206 argylye avenue
5. *Full Name of Mother* Mary E Linsey
6. *Mother's Maiden Name* Mary McDonald
7. *Mother's Birthplace* Balt
8. *Full Name of Father* Wm Linsey
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Balt Md

*Name of Medical Attendant,* or other Person who makes this Return. Hatterson M D

*Address* 23 Franklin "

*Remarks*

Missing

72000

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A

To the Office of Registrar of Vital Statistics, Board of [illegible], 72001

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) ~~white~~ Male
2. Race or Color (if not of the white race) white
3. Date of Birth June 10th 84
4. Place of Birth (Street and Number) 500 N gay St
5. Full Name of Mother Lucy A Henry
6. Mother's Maiden Name Lucy A Digal
7. Mother's Birthplace Middelsex Va
8. Full Name of Father Robert P Henry
9. Father's Occupation Labourer
10. Father's Birthplace Middelsex Va

Name of Medical Attendant, or other Person who makes this Return. Mary E Price

Address 389 E. Madison St

Remarks

**Extract Regulations of the Board of Vital Statistics in the City of Baltimore.**

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72002

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 10th 1884 |
| 4. *Place of Birth, (Street and Number)* | # 22 S. Carey St |
| 5. *Full Name of Mother,* | Mary F. Myers |
| 6. *Mother's Maiden Name,* | " " Doe |
| 7. *Mother's Birthplace,* | Calvert Co |
| 8. *Full Name of Father,* | Frank Myers |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Frederick Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Susan Hunter |
| *Address,* | 21 N. Poppleton St |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7 2003

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 June
4. Place of Birth, (Street and Number) 44 Albemarle
5. Full Name of Mother, Margaret Megnail
6. Mother's Maiden Name, Corben
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Megnail
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72004

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11th 1884
4. *Place of Birth, (Street and Number)* # 17 & N. Fremont St
5. *Full Name of Mother,* Mary Rebecca Wooden
6. *Mother's Maiden Name,* Mary A Dennis
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Harry Clay Wooden
9. *Father's Occupation,* Telegraphist
10. *Father's Birthplace,* Baltimore City Md

*Name of Medical Attendant,* or other Person who makes this Return ~~[illegible]~~ Susan Hunter

*Address,* 21 No Poppelton St

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

12005

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 14 th Child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | colored |
| 3. *Date of Birth,* | june 13 th |
| 4. *Place of Birth, (Street and Number)* | no 350 west st |
| 5. *Full Name of Mother,* | elisebeth jackson |
| 6. *Mother's Maiden Name,* | elizebeth ross |
| 7. *Mother's Birthplace,* | dorchester county md |
| 8. *Full Name of Father,* | georg jackson |
| 9. *Father's Occupation,* | labour |
| 10. *Father's Birthplace,* | dorchester county md |
| *Name of Medical Attendant,* or other Person who makes this Return | mrs Lydia Porter |
| *Address,* | no 4 patapsco avenue |
| *Remarks,* | healthy child |

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE MD

JOHN E. POTT & CO., CITY PRINTERS AND STATIONERS.

15006

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 14 - '84.

4. Place of Birth, (Street and Number) #161 W Lombard st-

5. Full Name of Mother, Jane Bentley

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Not known

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return W. B. Chapman M.D.

Address. #161 W. Lombard st-

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

12007

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 17 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 June
4. Place of Birth, (Street and Number) 26 Commen
5. Full Name of Mother, Katie Evans
6. Mother's Maiden Name, Spense
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles F. Evans
9. Father's Occupation, Carriage Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 92. E. Lombard

Remarks,

SECTION 3.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72008

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 17 1924 BALTIMORE

of Baltimore, under whose charge or superintendence a birth shall occur, shall be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child. If any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. June 14th 1924
4. Place of Birth, (Street and Number) No 4 W. Lanvallton ave
5. Full Name of Mother, A. F. Durall
6. Mother's Maiden Name, A. F. White
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jas L Durall
9. Father's Occupation, Grocery & Liquor Dealer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address. 21 No Poppleton St

Remarks.

JOHN B. PITT & CO., CITY PRINTERS AND STATIONERS.

72009

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th "
4. Place of Birth, (Street and Number) No 118 Fayette st
5. Full Name of Mother, Wilhelmina Helmeyer
6. Mother's Maiden Name, " " " König
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Helmeyer
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophie Siemon

Address, No " 71 Granby st.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUN 1954 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 15 1954 |
| 4. *Place of Birth, (Street and Number)* | 53 Fortune |
| 5. *Full Name of Mother,* | Josie Pinnigan |
| 6. *Mother's Maiden Name,* | Josie Wright |
| 7. *Mother's Birthplace,* | George Co Pinnigan |
| 8. *Full Name of Father,* | Richmond |
| 9. *Father's Occupation,* | Mariner |
| 10. *Father's Birthplace,* | Richmond |
| *Name of Medical Attendant;* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

12011

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 17 1884
BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First-

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 15 - 84

4. *Place of Birth, (Street and Number)* #161 W. Lombard st-

5. *Full Name of Mother,* A. Nielon

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* North Carolina

8. *Full Name of Father,* Not- known

9. *Father's Occupation,* "

10. *Father's Birthplace,* "

*Name of Medical Attendant,* or other Person who makes this Return W. C. Chapman M.D.

*Address,* 161 W. Lombard st-

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN E. PILET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1884.
4. Place of Birth, (Street and Number) No 10, Marshall. ave.
5. Full Name of Mother, Mary. Ernest
6. Mother's Maiden Name, Mary Penn.
7. Mother's Birthplace, Montgomery Co Md.
8. Full Name of Father, Ellick Ernest
9. Father's Occupation, Labourer
10. Father's Birthplace, Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return C Hayton

Address, No 658 South Charles st - Balto Md

Remarks,

J. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

72013

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 17 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 16th 1884
4. Place of Birth (Street and Number) 144 Park Avenue
5. Full Name of Mother Esther Hartman
6. Mother's Maiden Name Esther Stein
7. Mother's Birthplace Baltimore
8. Full Name of Father Emanuel Hartman
9. Father's Occupation Merchant
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. [illegible] Murdock M.D.

Address 80 Read St

Remarks

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72014

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) colored
3. Date of Birth 16 June 1884
4. Place of Birth (Street and Number) 373 West St.
5. Full Name of Mother Lucy Williams
6. Mother's Maiden Name Lucy Johnson
7. Mother's Birthplace Virginia
8. Full Name of Father John R Williams
9. Father's Occupation Brick-Maker
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. L. P. Dyer

Address 146. Hill St.

Remarks She is doing well

**rect Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

72015

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17th 1884.
4. *Place of Birth, (Street and Number)* No 4. Marshall Ave.
5. *Full Name of Mother,* Jane Dean.
6. *Mother's Maiden Name,* Jane Trumbo
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Lewis Dean.
9. *Father's Occupation,* Labourer.
10. *Father's Birthplace,* Balto City MD

*Name of Medical Attendant,* or other Person who makes this Return E. Newton

*Address,* No 658 South Charles St.

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 73016

## *To the Office of Registrar of Vital Statistics, Board of Health.*

## *BALTIMORE CITY.*

HEALTH DEPARTMENT MAY 17 1894 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 chd

1. *Sex (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* May 14 1864
4. *Place of Birth, (Street and Number)* 37 N. High st
5. *Full Name of Mother* Henrietta Rosenblatt
6. *Mother's Maiden Name* " Goldsmith
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Seymour Rosenblatt
9. *Father's Occupation* Jeweler
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. J H Patterson M D

*Address* 23 Franklin

*Remarks*

72017

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7th 1884
4. *Place of Birth, (Street and Number)* 242 Centre av.
5. *Full Name of Mother,* Magie Fentzel
6. *Mother's Maiden Name,* M. " Schoeder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis Fentzel
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Butt.

*Address,* No 185. S.E. cor. Centre av. & Monument.

*Remarks,* All Well

under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall be conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

John Murphy & Co., City Printers and Stationers.

72018

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 18th. 1884
4. *Place of Birth, (Street and Number)* 157 Orlean St.
5. *Full Name of Mother,* Erminda Gardner
6. *Mother's Maiden Name,* " Smith.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Elidga Gardner
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. A Butt

*Address,* 185 L E cor Centre av. & Monument St

*Remarks.* All Well

under whose charge or superintendence a birth shall hereafter take place, shall [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall be conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

John Murphy & Co., City Printers and Stationers.

72019

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2ed.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21st. 1884
4. *Place of Birth, (Street and Number)* Collington Av.
5. *Full Name of Mother,* Mary. Brine
6. *Mother's Maiden Name,* " Constance
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. Brine
9. *Father's Occupation,* Paper hanger.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Butt.

*Address,* 185 S.E. cor. Central av. & Monument St.

*Remarks,* All Well

under whose charge or superintendence a birth shall hereafter take place, shall accept the same. This schedule shall contain a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall be conferred.) Its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

John Murphy & Co., City Printers and Stationers.

72020

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 29th 1884
4. *Place of Birth, (Street and Number)* 63 Harrison St
5. *Full Name of Mother,* Catherine Ackerman
6. *Mother's Maiden Name,* Ramming
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Julius J Ackerman
9. *Father's Occupation,* Wood Turner
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return S W Seldner M D

*Address,* S E Cor Eager & Caroline Sts

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72021

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Female
3. *Date of Birth,* June 4th. 1884
4. *Place of Birth, (Street and Number)* 16 Mc Kedery St.
5. *Full Name of Mother,* M. Lyncht.
6. *Mother's Maiden Name,* M. Madden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Lyncht
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Butt.

*Address,* No. 185 S.E. cor. Central av. & Monument St.

*Remarks,* All Well.

under whose charge or superintendence a birth shall hereafter take place, shall keep a record of the same, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall be conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

John Murphy & Co., City Printers and Stationers.

72022

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th. 1884
4. *Place of Birth, (Street and Number)* 62 Orleans St.
5. *Full Name of Mother,* Charlotta Melchor
6. *Mother's Maiden Name,* " Erlesson
7. *Mother's Birthplace,* South Carolina
8. *Full Name of Father,* Geo. Melchor
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Butt.

*Address,* 185 S.E. cor Central av. & Monument St.

*Remarks,* All Well

under whose charge of superintendence a birth shall hereafter have been registered by the Commissioner of Health. This schedule shall contain a and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall be conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

John Murphy & Co., City Printers and Stationers.

7203 B

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 11 |
| 4. *Place of Birth, (Street and Number)* | Laurens S. |
| 5. *Full Name of Mother,* | Helen Hoffman |
| 6. *Mother's Maiden Name,* | Stevens |
| 7. *Mother's Birthplace,* | Balt. |
| 8. *Full Name of Father,* | Carroll Hoffman |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. M. Wilson |
| *Address,* | 257 Mad. Ave. |
| *Remarks,* | |

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

7202 14

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 18 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* June 14. 84
4. *Place of Birth, (Street and Number)* 282 N. Eutaw
5. *Full Name of Mother,* Mary Scott.
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ——
9. *Father's Occupation,* ——
10. *Father's Birthplace,* ——

*Name of Medical Attendant,* or other Person who makes this Return Henry Chandlee Wood.

*Address,* 181 Linden Ave

*Remarks,*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

12025

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 14th of June

4. Place of Birth, (Street and Number) Baltimore. 122 Greenmount Avenue

5. Full Name of Mother, Mrs Carrie Hilduff

6. Mother's Maiden Name, Miss Carrie Huhn.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Stephen J. Hilduff.

9. Father's Occupation, Painter.

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return Mrs Wooden

Address, No 120 Greenmount Avenue.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a Birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. FIAT & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

72026

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 19 1882 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Male Child and this is the second

1. *Sex, (state whether male or female)* and it is a Male
2. *Race or Color, (if not of the white race)* of the Colored Race
3. *Date of Birth,* Born the 15th of June on Sunday
4. *Place of Birth, (Street and Number)* No 14 Hull Lane Between forrest and Smith
5. *Full Name of Mother,* Rosy Patterson
6. *Mother's Maiden Name,* Rosy Thomson
7. *Mother's Birthplace,* Sentinay County
8. *Full Name of Father,* William Patterson
9. *Father's Occupation,* White Washing
10. *Father's Birthplace,* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. Henrietta Glasgo

*Address,* Meccelder Street expend out

*Remarks,* in good health fair as Can Be expected

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. RIET, PRINTER & STATIONER, BALT.

72027

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

Margaret Elizabeth Kratz

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 15th 1884 |
| *4. Place of Birth (Street and Number)* | 979 E. Pratt |
| *5. Full Name of Mother* | Mary Francis Kratz |
| *6. Mother's Maiden Name* | Mary Francis Rafael |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Frederick Kratz |
| *9. Father's Occupation* | Cattle Dealer |
| *10. Father's Birthplace* | Baltimore County |
| *Name of Medical Attendant, or other Person who makes this Return.* | B F Phillips M D |
| *Address* | 314 N Lombard St |
| *Remarks* | GIVEN NAME ADDED 2-18-52 |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72028

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 16th 1884 |
| *4. Place of Birth (Street and Number)* | 275 William St |
| *5. Full Name of Mother* | Clara Miller |
| *6. Mother's Maiden Name* | Clara Slaughter |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Chas. C. Miller |
| *9. Father's Occupation* | Conductor on B. C. R. R. |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | B. L. Phillips |
| *Address* | 311 W. Lombard St |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

72029

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th 1884
4. *Place of Birth, (Street and Number)* 20 E. Edgar Street
5. *Full Name of Mother,* Eliza Fitzgerald
6. *Mother's Maiden Name,* Work
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Stephen Fitzgerald
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return S. H. Seldner M.D.

*Address,* S. E. Co. Eager Holmes Streets

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. E. PILT & CO., CITY PRINTERS AND STATIONERS.

72030

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 24th. 1884
4. *Place of Birth, (Street and Number)* 110 N. Central av.
5. *Full Name of Mother,* Maggie Peacock
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Butt,

*Address,* 185 S. E. cor Central av. & Monument St.

*Remarks,* All Well

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall be conferred.) Its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...n Murphy & Co., City Printers and Stationers.

72031

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 th. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 7th. 1884 |
| 4. *Place of Birth, (Street and Number)* | 168 Ensor St. |
| 5. *Full Name of Mother,* | Barbara Burk |
| 6. *Mother's Maiden Name,* | Barbara Boon |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Edward Burk |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. J. Butt. |
| *Address,* | |
| *Remarks,* | |

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

73032

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8th. 1884
4. *Place of Birth, (Street and Number)* 177 N. Central av.
5. *Full Name of Mother,* Lena Rappold
6. *Mother's Maiden Name,* " Beck
7. *Mother's Birthplace,* Richmond
8. *Full Name of Father,* John Rappold
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. D. Bull

*Address,* 185 S.E. cor Central av. & Monument St.

*Remarks,* All Well

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

7203

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 9th. 1884

4. Place of Birth, (Street and Number) 169 Chestnut St.

5. Full Name of Mother, Celia Clarke

6. Mother's Maiden Name, Celia Travers

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, O. L. Clarke

9. Father's Occupation, Tailor

10. Father's Birthplace, Belair County, Ohio

Name of Medical Attendant, or other Person who makes this Return. M. H. Butt

Address, No. 185 E. cor Central av. & Monument St.

Remarks, All Well

SECTION 7—And be it further enacted and ordained that every person [illegible] under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

J 20314

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT 19 1884 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd —

1. *Sex (state whether male or female)* ~~Female~~ Male —
2. *Race or Color (if not of the white race)* Colored —
3. *Date of Birth* June 14th —
4. *Place of Birth (Street and Number)* Jones Court City —
5. *Full Name of Mother* Rosina Harris —
6. *Mother's Maiden Name* Do —
7. *Mother's Birthplace* Cambridge Md. —
8. *Full Name of Father* Charles Chase —
9. *Father's Occupation* Waiter —
10. *Father's Birthplace* Cambridge Md —

*Name of Medical Attendant,* or other Person who makes this Return. Laetitia Stokes, Midwife

*Address* 116 N. Caroline St City

*Remarks*

72035

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10th. 1884
4. *Place of Birth, (Street and Number)* 327 Sun St.
5. *Full Name of Mother,* Augusta Breidikamp
6. *Mother's Maiden Name,* Augusta Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Breidikamp
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Butt

*Address,* 185 S.E. cor. Central av. & Monument St.

*Remarks,* All Well

John Murphy & Co., City Printers and Stationers.

72036

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13th 1884.
4. Place of Birth, (Street and Number) 502 N. Fremont
5. Full Name of Mother, Meta Kuhn
6. Mother's Maiden Name, Lopstein
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Kuhn
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, H. CHRISTIAN, M. D.

Address, 506 Madison Ave.

Remarks,

of Baltimore, under whose Charge a ... shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... E. PERT & CO., CITY PRINTERS AND STATIONERS.

72037

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday June 13th
4. *Place of Birth, (Street and Number)* #114 N. Exeter St.
5. *Full Name of Mother,* Virginia Pistel
6. *Mother's Maiden Name,* Virginia Boss
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Pistel
9. *Father's Occupation,* File Maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. [illegible]

*Address,* No 28. N. [illegible]

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place [illegible] exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]N B. PIET & CO., CITY PRINTERS AND STATIONERS.

72038

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th. 1884
4. *Place of Birth, (Street and Number)* 86 Orlean St.
5. *Full Name of Mother,* Sarah Graham
6. *Mother's Maiden Name,* Sarah Smith.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Graham
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Butt

*Address,* No 185 S.E. cor Centre av. & Monument Sx

*Remarks,* ~~[illegible]~~

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

72039

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1884
4. *Place of Birth, (Street and Number)* 86 Orlean St.
5. *Full Name of Mother,* Sarah Graham
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Graham
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Butt

*Address,* 185 S. E. cor. Centre av. & Monument St.

*Remarks,* I Died Sunday Morning June 15th.

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of the birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

72040

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT 19 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Coloured
3. *Date of Birth* June 15th
4. *Place of Birth (Street and Number)* 120. Spring St
5. *Full Name of Mother* Priscilla Jenkins
6. *Mother's Maiden Name* " Williams
7. *Mother's Birthplace* Snow Hill Md
8. *Full Name of Father* Henry Jenkins
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Snow Hill Md

*Name of Medical Attendant,* or other Person who makes this Return. Loetitia Sloane Midwife

*Address* 116. N. Caroline St

*Remarks* City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72041

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 18th 1884
4. *Place of Birth (Street and Number)* 2. Watson St
5. *Full Name of Mother* Susan Greackson
6. *Mother's Maiden Name* " Button
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Greackson
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Lotitia Sloane

*Address* 116. N. Caroline St

*Remarks* City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72042

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16, 1884
4. *Place of Birth, (Street and Number)* E. Monument St. No. 468.
5. *Full Name of Mother,* Asha Waters
6. *Mother's Maiden Name,* Asha Eckhardt
7. *Mother's Birthplace,* Balt^o City
8. *Full Name of Father,* George Waters
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt^o City

*Name of Medical Attendant, or other Person who makes this Return* Mary E. Miller

*Address,* N. Dallas St. No 26

*Remarks,*

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE.

of the month, of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. F. HIET & CO., CITY PRINTERS AND STATIONERS.

72043

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 19 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1884
4. Place of Birth, (Street and Number) Orleans St. No 293
5. Full Name of Mother, Mary Bertel
6. Mother's Maiden Name, Mary Hildebrand
7. Mother's Birthplace, Balt. City
8. Full Name of Father, William Bertel
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. No 26

Remarks, .....

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the commissioners of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. HIET & CO., CITY PRINTERS AND STATIONERS.

72044

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* June 17 1884
4. *Place of Birth, (Street and Number)* 233 Mcelry St
5. *Full Name of Mother,* Mary Banks
6. *Mother's Maiden Name,* Mary Pibiket
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Billy Banks
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Eastern Shore

*Name of Medical Attendant,* or other Person who makes this Return Lucindia Woolford

*Address,* 131 Register St

*Remarks,*

of Baltimore, under whose charge or superintendence a certificate of the birth of a Commissioner of Health, exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N B. PIET & CO., CITY PRINTERS AND STATIONERS.

72045

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JAN 20 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1884
4. *Place of Birth, (Street and Number)* # 41 S. Carey St.
5. *Full Name of Mother,* Kate Dowling
6. *Mother's Maiden Name,* " Simmson
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Thos. Dowling
9. *Father's Occupation,* Printer
10. *Father's Birthplace.* Ireland

*Name of Medical Attendant,* or other Person who makes this Return A. L. Shiard Mds

*Address,* 387 W Lombard St.

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 21 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 22 E Monument street |
| 4. *Place of Birth, (Street and Number)* | June 2d 1884 |
| 5. *Full Name of Mother,* | Martha Berry |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Harford County |
| 8. *Full Name of Father,* | Lewis Burke |
| 9. *Father's Occupation,* | Laboring Work |
| 10. *Father's Birthplace,* | Harford County |
| *Name of Medical Attendant,* or other Person who makes this Return | Hester Colonce |
| *Address,* | 39 E Monument street |
| *Remarks,* | |

exact register of such births, and shall enter the same in a book to be kept for the purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72047

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1884 BALTIMORE

**advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th Child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 2d 84. |
| 4. *Place of Birth, (Street and Number)* | 169 Gross St. |
| 5. *Full Name of Mother,* | Anna Jones, |
| 6. *Mother's Maiden Name,* | " Woolford, |
| 7. *Mother's Birthplace,* | Dorchester Co. Md. |
| 8. *Full Name of Father,* | Chas W. Jones, |
| 9. *Father's Occupation,* | Huckster, |
| 10. *Father's Birthplace,* | Dorchester Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. J. H. Tall. M.D. |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

DULANY & CO., CITY PRINTERS AND STATIONERS

72048

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* ——
3. *Date of Birth,* June. 3d 1884.
4. *Place of Birth, (Street and Number)* 142 S. Fremont St.
5. *Full Name of Mother,* Mary B. Scheuler.
6. *Mother's Maiden Name,* " " Rost.
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* John Scheuler.
9. *Father's Occupation,* Tobacconist.
10. *Father's Birthplace,* Balto City.

*Name of Medical Attendant,* or other Person who makes this Return. R. J. H. Tall. Wd.

*Address,* 152 Sharp St.

*Remarks,*

under whose charge or superintendence a circle shall hereafter take place, [illegible] and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

7049

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 22 1884
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 6th June
4. *Place of Birth (Street and Number)* 412. E Madison St.
5. *Full Name of Mother* Katie Wiseball
6. *Mother's Maiden Name* Katie Horsman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Wiseball
9. *Father's Occupation* ~~Coal~~ Truckster
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Thos J Simms

*Address* 242 N Broadway

*Remarks*

7 2050

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

JUN 22 1884 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 6th
4. *Place of Birth (Street and Number)* 247 N. Wolfe St.
5. *Full Name of Mother* Emma Sturgeon
6. *Mother's Maiden Name* Emma Douglass
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Sturgeon
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Hamilton (Canada)

*Name of Medical Attendant,* or other Person who makes this Return. Thos J Simms M.D.

*Address* 242 N. Bond

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

J2051

## *To the Office of Registrar of Vital Statistics, Board of Health.*

### *BALTIMORE CITY.*

HEALTH DEPARTMENT JUN 20 1884 BALTIMORE MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd child

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 7th 1884
4. *Place of Birth (Street and Number)* 131 N. Central Avenue
5. *Full Name of Mother* Kate Christopher
6. *Mother's Maiden Name* Mc. Grath
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Thomas W. Christopher
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Francis A Faun M.D.

*Address* 105 N. Central Av.

*Remarks*

# RETURN OF A BIRTH

7205 2

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 20 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9th June
4. *Place of Birth, (Street and Number)* Belair Avenue.
5. *Full Name of Mother,* Angela Ebert
6. *Mother's Maiden Name,* Angela Raab
7. *Mother's Birthplace,* Fulda Hessen Germany"
8. *Full Name of Father,* Justus W. Ebert
9. *Father's Occupation,* Bier Brewer
10. *Father's Birthplace,* Niederbeiskeim Hessen Germany".

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

72053

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 22 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 10th June
4. *Place of Birth (Street and Number)* 413. Eagers St.
5. *Full Name of Mother* Emma Clare
6. *Mother's Maiden Name* Emma Hanson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm H Clare
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. S J Simms

*Address* 242 N. Bradley

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72054

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 10th 1884
4. Place of Birth, (Street and Number) 58 Oxford Street
5. Full Name of Mother, Harriet Mack
6. Mother's Maiden Name, Harriet Frazier
7. Mother's Birthplace, Prince George County ~~to~~ MD
8. Full Name of Father, Joseph Mack
9. Father's Occupation, Waiter
10. Father's Birthplace, Prince George County

Name of Medical Attendant, or other Person who makes this Return Hester Colance

Address, 39 E Monument Street

Remarks,

...sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72055

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 10th 1884
4. *Place of Birth, (Street and Number)* 20 Jordan Alley
5. *Full Name of Mother,* Martha Taylor
6. *Mother's Maiden Name,* Martha Farrell
7. *Mother's Birthplace,* Balto, M, D
8. *Full Name of Father,* James Taylor
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Hester Cotance

*Address,* 39 E monument Street

*Remarks,*

[illegible] Register of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

7206

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 21 1884 BALTIMORE

Louis Edward Tripp

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* second –

1. *Sex, (state whether male or female)* male –
2. *Race or Color, (if not of the white race)* White –
3. *Date of Birth,* June 10 – 84.
4. *Place of Birth, (Street and Number)* 90 Mulberry St
5. *Full Name of Mother,* Emma Louisa Tripp Lewis
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Boston, Mass.
8. *Full Name of Father,* Merrill Hiram Tripp
9. *Father's Occupation,* Machinist –
10. *Father's Birthplace,* Connecticut –

*Name of Medical Attendant,* or other Person who makes this Return. Louis W. Knight M.D.

*Address,* 112 N. Greene St

*Remarks,* GIVEN NAME ADDED 12-29-53 H.M.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. FIET, PRINTER & STATIONER, BALT.

73057

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 20 1884 BALTIMORE

No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. Sex, (state whether ~~male or~~ female)
2. ~~Race or Color~~, (if not of the white race) Black
3. Date of Birth, June 11th 1884
4. Place of Birth, (Street and Number) 143 N. Carolina st
5. Full Name of Mother, Mary E. Price
6. Mother's Maiden Name, " " Ashlin
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Preston P. Price
9. Father's Occupation, Cook
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return W. L. Russell

Address, 238 N Broadway

Remarks,

exact register of such birth, and shall enter the same on a blank furnished to [illegible] by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72058

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

RECEIVED JUN 20 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11/84
4. *Place of Birth, (Street and Number)* 366 N Lombard st
5. *Full Name of Mother,* Sarah Kate Fosbenner
6. *Mother's Maiden Name,* " " Shenbrook
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm G. Fosbenner
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Mrs Hunter

*Address,* 21 N. Appleton st near Fayette

*Remarks,*

exact register of such birth, and shall contain the name of the births which have occurred under his or her care stoner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & SON, CITY PRINTERS AND STATIONERS.

72059

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* June 12th 1884.
4. *Place of Birth, (Street and Number)* 136 Sharp St.
5. *Full Name of Mother,* Urlina Kahl.
6. *Mother's Maiden Name,* " Fahl.
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* D. F. Kahl.
9. *Father's Occupation,* Grocery & provisions.
10. *Father's Birthplace,* Washington. D.C.

*Name of Medical Attendant,* or other Person who makes this Return. R. J. H. Tall. M.D.

*Address,* 152 Sharp St.

*Remarks,*

...ber whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct registered statement and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

72060

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 20 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13 1884
4. *Place of Birth, (Street and Number)* 108 Hanover St
5. *Full Name of Mother,* Salie Levy
6. *Mother's Maiden Name,* Salie Eisman
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Philip Levy
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return A R Amedeo M D

*Address,*

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. FIST & ANS., CITY PRINTERS AND STATIONERS.

72061

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 13th 1884

4. Place of Birth, (Street and Number) No 18 Elisabeth lane

5. Full Name of Mother, Margareth Haller

6. Mother's Maiden Name, Hübner

7. Mother's Birthplace, Germany

8. Full Name of Father, Martin Haller

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

HEALTH DEPARTMENT JUN 19 1884 BALTIMORE

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. FIRT & CO., CITY PRINTERS AND STATIONERS.

72062

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE DEPARTMENT JUN 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 14 th 1884
4. Place of Birth, (Street and Number) 174 Johnson st.
5. Full Name of Mother, Adline Crispien
6. Mother's Maiden Name, Potee
7. Mother's Birthplace, America
8. Full Name of Father, George Crispien
9. Father's Occupation, Laborer
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address. 330 Hanover st.

Remarks.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

72063

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 23 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 of Juny
4. Place of Birth, (Street and Number) 221 Alice Ann St
5. Full Name of Mother, Mary Winterling
6. Mother's Maiden Name, = Seeberger
7. Mother's Birthplace, Münnichberg (Bavaria)
8. Full Name of Father, Fred Winterling
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Münnichberg Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Behnken

Address, 54 Essex St

Remarks, Eastern

ascertained, the full name of each child (if any name shall be conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

by & Co., City Printers and Stationers.

# RETURN OF A BIRTH,

7506

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 20 1884
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, natlvity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother,* (*state whether* 1st, 2d, 3d, &c.) 8th Child

1. *Sex* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth* 15th of June, 1884
4. *Place of Birth,* (*Street and Number*) # 491 Pennsylvania Ave,
5. *Full Name of Mother* Mrs Barbra Arnold
6. *Mother's Maiden Name* Mrs " Tabwalt
7. *Mother's Birthplace* Germany
8. *Full Name of Futher* Mr John Arnold
9. *Father's Occupation* Wheelright
10. *Father's Birthplace* Gurmany

*Name of Medical Attendant,* or other Person who makee this Return. Mrs Carroll

*Address* # 19 Broadycar St

*Remarks*

J2065

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 20 1884 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~3~~ 15 June
4. *Place of Birth (Street and Number)* 83 Chesapeake St
5. *Full Name of Mother* Susie L Boston
6. *Mother's Maiden Name* Susie L Collins
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James McBoston
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this return Mrs Keegan

*Address* 118 Chesapeake St

*Remarks*

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

72066

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 20 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15. 1884.
4. *Place of Birth, (Street and Number)* 49 S. Central Ave.
5. *Full Name of Mother,* Kate C. Nelson.
6. *Mother's Maiden Name,* Kate C. Corcoran.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. T. Nelson.
9. *Father's Occupation,* Mariner.
10. *Father's Birthplace,* New York.

*Name of Medical Attendant,* or other Person who makes this Return. Jno. F. Powell M. D.

*Address,* 227 Carrollton Ave.

*Remarks,* Child Healthy.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

7267

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 19 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 15th 1884 |
| 4. *Place of Birth, (Street and Number)* | 79 Fort ave. |
| 5. *Full Name of Mother,* | Mary Rile |
| 6. *Mother's Maiden Name,* | Baker |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | George Rile |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwaster midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

exact register of such birth, and shall enter the same on a blank schedule to be furnished to him or her care sooner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PILE & CO., CITY PRINTERS AND STATIONERS.

72068

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 of June
4. Place of Birth, (Street and Number) 150 Madeira Allee
5. Full Name of Mother, Emma Oberg
6. Mother's Maiden Name, Graubeck
7. Mother's Birthplace, Dramberg (Pommern)
8. Full Name of Father, John Oberg
9. Father's Occupation, Steinder
10. Father's Birthplace, Memel (Germ)

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Bohnken

Address, 54 Essex St

Remarks, Canton

parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

y & Co., City Printers and Stationers.

72069

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 16th 1884
4. Place of Birth, (Street and Number) No 195 Burgundy St
5. Full Name of Mother, Margret finney
6. Mother's Maiden Name,
7. Mother's Birthplace, Accomac Co Virginia
8. Full Name of Father, Philip finney
9. Father's Occupation, Labourer
10. Father's Birthplace, Accomac Co Va

Name of Medical Attendant, Deborah or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley.

Remarks,

HEALTH DEPARTMENT JUN 21 1884 BALTIMORE

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

72070

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16. 1884
4. Place of Birth, (Street and Number) Cooker St No 204
5. Full Name of Mother, Mary Sonnenleiter
6. Mother's Maiden Name, Mary Rooney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Sonnenleiter
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Ettel

Address, 13 Cuba St

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & ANG., CITY PRINTERS AND STATIONERS.

72071

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto June 14th 1884

HEALTH DEPARTMENT JUN 20 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balto June 16th 1884.
4. *Place of Birth, (Street and Number)* 169 South Ann Street
5. *Full Name of Mother,* Annie Zinner
6. *Mother's Maiden Name,* Annie Weitzel
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* Jim Zinner
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* America.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Mary Amend.

*Address,* 137 South Wolfe Street.

*Remarks,* [illegible]

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her card during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIET & CO., CITY PRINTERS AND STATIONERS.

72072

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. [illegible] list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT JUN 21 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) June 17th 1884 Fem C

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 17th 1884

4. Place of Birth, (Street and Number) No 60 Bank St

5. Full Name of Mother, Sarah Mattox

6. Mother's Maiden Name,

7. Mother's Birthplace, Balto City

8. Full Name of Father, Edrink Mattox

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

John Murphy & Co., City Printers and Stationers.

72073

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 23 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 3d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 18 of June 1884
4. *Place of Birth, (Street and Number)* No 41 East Eager Street
5. *Full Name of Mother,* Sophia Parker
6. *Mother's Maiden Name,* Sophia Fang
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* John Parker
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return Mrs Christina Lauer

*Address,* No 173 Harford Ave

*Remarks,* Baltimore Md

1884

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

72074

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* June th 18 18.84

1. *Sex, (state whether male or female)* male child
2. *Race or Color, (if not of the white race)* Colord child
3. *Date of Birth,* June th 18 1884
4. *Place of Birth, (Street and Number)* Chesnut street No 13
5. *Full Name of Mother,* Martha Paterson
6. *Mother's Maiden Name,* Martha Belmon
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Henry Paterson
9. *Father's Occupation,* Stevodor on warf
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Darkey Tomlen

*Remarks,* Chesnut St No 134

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

72075

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18th 1884
4. *Place of Birth, (Street and Number)* No 79 McEldery Wharf
5. *Full Name of Mother,* Z Clara Imhoff
6. *Mother's Maiden Name,* " Ellinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John R. Imhoff
9. *Father's Occupation,* Labor work
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sophia Siemon

*Address,* No 70 Granby St.

*Remarks,*

...during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...PIET & CO., CITY PRINTERS AND STATIONERS.

72076

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 2 1888 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18th
4. *Place of Birth, (Street and Number)* No 134 N. Central ave
5. *Full Name of Mother,* Mary Kilian
6. *Mother's Maiden Name,* " Viol
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Herman Kilian
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophia Simon

*Address,* No 12 Granby st

*Remarks,*

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

72077

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 20 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Collored
3. *Date of Birth,* June 18th 1884
4. *Place of Birth, (Street and Number)* 183 Harmley lane
5. *Full Name of Mother,* Harret Carter
6. *Mother's Maiden Name,* Harret Jones
7. *Mother's Birthplace,* Eastern shore Md
8. *Full Name of Father,* Affred Carter
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Petersburg Va

*Name of Medical Attendant,* or other Person who makes this Return. Charlott Procter

*Address,* 10 Carlton st

*Remarks,* Perfect

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, and within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

72078

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 6/18 - 84
4. Place of Birth, (Street and Number) 161 W Lombard st
5. Full Name of Mother, Rebecca Sams
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Don't know
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman MD

Address, #161 W. Lombard st.

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Registrar of Vital Statistics, Board of Health, Baltimore City. This schedule shall contain a list of the births which have occurred under his or her care sioner of Health, and shall set forth, as far as the same can be ascertained, the full name of each child, (if during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72079

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 21 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male "
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 19th
4. *Place of Birth, (Street and Number)* No 23 little Gough
5. *Full Name of Mother,* Anna Maier
6. *Mother's Maiden Name,* " Lohne
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Maier
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophia Simon

*Address,* No 70 Granby St

*Remarks,*

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IET & CO., CITY PRINTERS AND STATIONERS.

72080

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
21
1884
BALTIMORE

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 19 / 1884 |
| 4. *Place of Birth, (Street and Number)* | 103. Johnson st |
| 5. *Full Name of Mother,* | Margret Heinle |
| 6. *Mother's Maiden Name,* | " " " Bahnsen |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | William Heinle |
| 9. *Father's Occupation,* | Barber |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

ET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7208 1

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 23 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 20 1894 |
| 4. *Place of Birth, (Street and Number)* | 15 Pennsylvania Ave |
| 5. *Full Name of Mother,* | Lina Pollitzer |
| 6. *Mother's Maiden Name,* | Lina Leidenheim |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Bujn Pollitzer |
| 9. *Father's Occupation,* | Wire dealer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | A Friedenwald MD |
| *Address,* | 88 N Eutaw Street |
| *Remarks,* | Child born cyanotic, died after 16 hours |

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

72082

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 23 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 20th of June 1884
4. *Place of Birth, (Street and Number)* 104 North Chester street
5. *Full Name of Mother,* Maggie Overside
6. *Mother's Maiden Name,* Maggie Fancord.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Willie H. Fancord.
9. *Father's Occupation,* Cabenate maker.
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel.

*Address,* 71 North Chapel st. per Justina Kunkel

*Remarks,* Healthy.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72083

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

BALTIMORE DEPARTMENT JUN 22 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 20th of June 1884
4. *Place of Birth (Street and Number)* No. 2. Warren Court
5. *Full Name of Mother* Emma Whitington
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Calvert Co. Md.
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. City Cockman

*Address* 25 West St

*Remarks*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

72084

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN. 22 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 20th
4. *Place of Birth, (Street and Number)* No 1 Wagonally
5. *Full Name of Mother,* Susan A. Parker
6. *Mother's Maiden Name,* Susan Murry
7. *Mother's Birthplace,* Chestertown Md
8. *Full Name of Father,* Isaiah Parker
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return Charlotte Warren

*Address,* 258 Raborgo St

*Remarks,* Born Sick from a fright

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72085

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) | No 6th |
| 1. *Sex*, (*state whether male or female*) | Male |
| 2. *Race or Color*, (*if not of the white race*) | White |
| 3. *Date of Birth*, | June 20th |
| 4. *Place of Birth*, (*Street and Number*) | No 256 N Howard St |
| 5. *Full Name of Mother*, | Sarah Ann Brady |
| 6. *Mother's Maiden Name*, | Sarah Ann Grieninger |
| 7. *Mother's Birthplace*, | Hagerstown Maryland. |
| 8. *Full Name of Father*, | Chas D Brady |
| 9. *Father's Occupation*, | Store |
| 10. *Father's Birthplace*, | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return | Wm Woolridge |
| *Address*, | |
| *Remarks*, | |

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72086

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 23 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 6 Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 22d of June |
| 4. *Place of Birth, (Street and Number)* | No 7 Woodbury Street |
| 5. *Full Name of Mother,* | Kate Kent |
| 6. *Mother's Maiden Name,* | Kate Buffer |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John Kent |
| 9. *Father's Occupation,* | Blacksmith |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Saul |
| *Address,* | No 173 Hanford Ave |
| *Remarks,* | Baltimore Md. |
| | 1884 |

*Section of Health.* This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & VAIL, CITY PRINTERS AND STATIONERS.

7208 F

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 of Juny

4. Place of Birth, (Street and Number) Heidlantown

5. Full Name of Mother, Mary Eckenbecken

6. Mother's Maiden Name, = Mahler

7. Mother's Birthplace, Heidlandtown

8. Full Name of Father, Ferdinand Eckenbecken

9. Father's Occupation, Butcher

10. Father's Birthplace, Hannover (Germ.)

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Bohnken

Address, 54 Essex St.

Remarks, Canton

ascertained, the full name of each child (if any name shall be conferred), its sex, color, the full name and residence of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72088

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1884 BALTIMORE

Name of Child: Jesse S. Fleischer

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | June 23d |
| 4. Place of Birth, (Street and Number) | 22 S. High St. |
| 5. Full Name of Mother, | Bettie Fleischer |
| 6. Mother's Maiden Name, | Bettie Joseph |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | Simon Fleischer |
| 9. Father's Occupation, | Merchant |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other Person who makes this Return | F. Jenkins |
| Address, | No. 2 Cathedral St |
| Remarks, | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

72089

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 84
4. *Place of Birth, (Street and Number)* 138 Calhoun
5. *Full Name of Mother,* May Dreyer
6. *Mother's Maiden Name,* May M Burman
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Jno Dreyer
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltmo Md

*Name of Medical Attendant,* or other Person who makes this Return. Mr Kneadd

*Address,* 143 N Charles

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

72090

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th
4. *Place of Birth, (Street and Number)* 361 N Howard
5. *Full Name of Mother,* Mary McKernan
6. *Mother's Maiden Name,* Mary Hawkins
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* Jno. McKernan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balt Md

*Name of Medical Attendant,* or other Person who makes this Return. M H Kirkadd

*Address,* 143 N Charles

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

72091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th June 1884
4. *Place of Birth, (Street and Number)* 21 N. Pat. Park Ave.
5. *Full Name of Mother,* Lottie John Gorman
6. *Mother's Maiden Name,* Kemp
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Edward Whitman Gorman
9. *Father's Occupation,* Builder
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return E. F. Sons M.D.

*Address,* 375 E. Balto. St.

*Remarks,*

Arrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

72092
(ale)

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

Name of child! HOWARD EDWARD CROOK

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 10. 1884
4. Place of Birth (Street and Number) 101 Harlem Ave.
5. Full Name of Mother Grace Crook
6. Mother's Maiden Name Horner
7. Mother's Birthplace Baltimore City
8. Full Name of Father Edwd. Crook
9. Father's Occupation Merchant
10. Father's Birthplace Penn.

Name of Medical Attendant, or other Person who makes this Return. Wm. E. Moseley M.D.

Address 248 N. Eutaw St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72093

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 23 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1, St

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* June 13th 1884
4. *Place of Birth, (Street and Number)* 441 West Lombard St Balto
5. *Full Name of Mother.* Mrs Carrie [redacted] Hamlin
6. *Mother's Maiden Name.* Carrie Claymore
7. *Mother's Birthplace.* Lancaster city Pa
8. *Full Name of Father.* James Alfred Hamlin
9. *Father's Occupation.* Granite cutter
10. *Father's Birthplace.* Cumberland Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs Hunter

*Address.* 21 No Poppelton St

*Remarks.*

exact register of such birth, and shall enter the same on a blank, which have occurred under his or her cure sioner of Health. This schedule shall contain a list of the births which have occurred under his or her cure during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72094

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th June.
4. Place of Birth, (Street and Number) 87 Essex Street
5. Full Name of Mother, Frederick Fink
6. Mother's Maiden Name, Frederick Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Fink
9. Father's Occupation, Cigar Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park av

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. FIXT & SON, CITY PRINTERS AND STATIONERS.

72095

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1884
4. *Place of Birth, (Street and Number)* 214 Durham St
5. *Full Name of Mother,* Annie Steinmentz
6. *Mother's Maiden Name,* Greder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Steinmentz
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Wiley

*Address,* No 12 Patterson Park av

*Remarks,*

...sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...PIET & CO., CITY PRINTERS AND STATIONERS.

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72096

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 24 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Child

1. *Sex, (state whether male or female)* Female)
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14
4. *Place of Birth, (Street and Number)* 301 Alice Anna
5. *Full Name of Mother,* Elizabeth Kunneke
6. *Mother's Maiden Name,* Elizabeth Schopper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ferdinand A Kunneke
9. *Father's Occupation,* Liquor Business
10. *Father's Birthplace,* German

*Name of Medical Attendant,* or other Person who makes this Return Mrs Willy No 120

*Address,* No 12 Patterson Park av

*Remarks,*

Sector of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72097

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 23 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th June 1884
4. *Place of Birth, (Street and Number)* 13 Woodward Street
5. *Full Name of Mother,* Emma. E. Leach
6. *Mother's Maiden Name,* Hartlove
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* James. W. Leach
9. *Father's Occupation,* Special officer B.&O.R.R. Co.
10. *Father's Birthplace,* St. Mary's County Md.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. — Hunter

*Address,* 21 South Poppleton St. city

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under the [illegible] during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72098

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The Eight Child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Sunday the 15 Inst. 1884
4. *Place of Birth, (Street and Number)* #43 S. Carrollton Ave.
5. *Full Name of Mother,* Eleanor Brooks
6. *Mother's Maiden Name,* Eleanor Thompson
7. *Mother's Birthplace,* Ireland"
8. *Full Name of Father,* Jas Brooks
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 No Poppelton St

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her cate during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72099

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 18. 18. 84
4. *Place of Birth, (Street and Number)* Ridgley St 212 Baltimore City
5. *Full Name of Mother,* Bertha Strey
6. *Mother's Maiden Name,* Bertha Tillasp
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Earest Strey
9. *Father's Occupation,* Brewerman
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. M. Shaffer

*Address,* 114 Ridgley St

*Remarks,*

[illegible] during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & [illegible], CITY PRINTERS AND STATIONERS.

72100

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 19th 1884
4. Place of Birth, (Street and Number) #161 N. Lombard st
5. Full Name of Mother, Dinnia Davis (Col'd
6. Mother's Maiden Name, " "
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Don't know
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D.

Address, #161 N. Lombard st

Remarks,

The Undertaker shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72101

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 24 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, June, 19 th
4. Place of Birth, (Street and Number) Baltimore Hill st. 121
5. Full Name of Mother, Martha Virginia Sharps
6. Mother's Maiden Name, Martha Virginia Madda
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joshua Phillip Sharps
9. Father's Occupation, Brick Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Milley Gross No. 12. plum ally

Remarks,

...sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

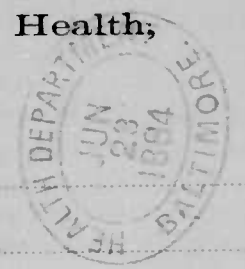
...IET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72102

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**




*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 st

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 20 th of June

4. *Place of Birth, (Street and Number)* Baltimore Sarach st No 170

5. *Full Name of Mother,* Katharina Weigand

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* " " "

9. *Father's Occupation,* " " "

10. *Father's Birthplace,* " " "

*Name of Medical Attendant,* or other Person who makes this Return W. Maennel Midwife

*Address,* 628 Saratoga st. Balto.

*Remarks,*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

72103

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 24 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 20 day jun
4. *Place of Birth, (Street and Number)* 340 Cross St
5. *Full Name of Mother,* Stangyon Wheller
6. *Mother's Maiden Name,* Stanom Washing
7. *Mother's Birthplace,* ~~aeno~~ annanoee Co wa
8. *Full Name of Father,* Jones Wheller
9. *Father's Occupation,* Soannond
10. *Father's Birthplace,* Baltimore nd

*Name of Medical Attendant,* or other Person who makes this Return nillery grooss

*Address,* 12 plume aly

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72104

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 20th 1884
4. *Place of Birth, (Street and Number)* 184 N. Eutaw St
5. *Full Name of Mother,* Margaret Vanhart
6. *Mother's Maiden Name,* Margaret White
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Vanhart
9. *Father's Occupation,* Teamster
10. *Father's Birthplace,* Philadelphia

*Name of Medical Attendant,* or other Person who makes this Return Amanda Taylor-Norris M.D.

*Address,* 326 North Eutaw St

*Remarks,*

...ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

72 105

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUN 28 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 21. 1884 |
| 4. *Place of Birth, (Street and Number)* | 235 William st |
| 5. *Full Name of Mother,* | Mary E Taylor |
| 6. *Mother's Maiden Name,* | " " Lambert |
| 7. *Mother's Birthplace,* | Summerset County |
| 8. *Full Name of Father.* | William Lambert |
| 9. *Father's Occupation,* | Caulker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

...PET & CO., CITY PRINTERS AND STATIONERS.

72106

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 21. 1884
4. Place of Birth, (Street and Number) 181 hamburg St Baltimore City
5. Full Name of Mother, Maggie Sabahn
6. Mother's Maiden Name, Maggie Manion
7. Mother's Birthplace, Cincinnita
8. Full Name of Father, Fredick Sabahn
9. Father's Occupation, Boxmaker
10. Father's Birthplace, Germane

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Shaffer

Address, 114 Ridgley

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & CO., CITY PRINTERS AND STATIONERS.

72107

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUN
24
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 21 June
4. *Place of Birth, (Street and Number)* 14 plume aley
5. *Full Name of Mother,* Dilley Rich
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Canbrige md
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return nilley gross

*Address,* 12 plum aley

*Remarks,* nc

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, himself/herself, thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PHIT & CO., CITY PRINTERS AND STATIONERS.

72108

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 21st/84 |
| 4. *Place of Birth, (Street and Number)* | Lanvale near John St |
| 5. *Full Name of Mother,* | ~~Gay Tie~~ Gay Fenwick |
| 6. *Mother's Maiden Name,* | Gay Tieman |
| 7. *Mother's Birthplace,* | Balt Md |
| 8. *Full Name of Father,* | Henry Fenwick |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Maysand |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mr Kneass |
| *Address,* | 143 N Charles |
| *Remarks,* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

72109

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sunday evening, June 22 1884
4. *Place of Birth, (Street and Number)* 240 Carey St
5. *Full Name of Mother,* Rebecca Lee
6. *Mother's Maiden Name,* Catharine Rebecca Lee
7. *Mother's Birthplace,* North East, Cecil Co. Maryland
8. *Full Name of Father,* Thomas Collins
9. *Father's Occupation,* Steamboat hand
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Wm Jackson Evans M. D.

*Address,* Carey & Harlem

*Remarks,* Natural Labor healthy child

Baby's name T. Wilkie Collins

Revise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

72110

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 24
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22d. 1884.
4. Place of Birth, (Street and Number) 126 W. Biddle
5. Full Name of Mother, Kate F. Sage
6. Mother's Maiden Name, Fishack
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Geo. D. Sage
9. Father's Occupation, Clerk
10. Father's Birthplace, Rochester N.Y.

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D.

Address, 506 Madison Ave.

Remarks,

The Registrar of Vital Statistics. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

E. PIET & CO., CITY PRINTERS AND STATIONERS.

72111

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22, 1884
4. *Place of Birth, (Street and Number)* 89. Cross st
5. *Full Name of Mother,* Monica Iser
6. *Mother's Maiden Name,* " " Eagan
7. *Mother's Birthplace,* Clark county Indiana
8. *Full Name of Father,* John Iser
9. *Father's Occupation,* Canmaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Ann Nash

*Address,*

*Remarks,*

Sheet of Health. This sejasdine shall contain a list of the births which have become under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

772 12

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Balto June 25th 1884

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balto June 22nd 1884.
4. *Place of Birth, (Street and Number)* 217 South Ann St.
5. *Full Name of Mother,* Rose Glaser
6. *Mother's Maiden Name,* Rosa Schroll.
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Christian Glaser
9. *Father's Occupation,* ~~Grocery~~ Laborer.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Mary Arnold

*Address,* 81 S. Howard St.

*Remarks,* H

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be at entrance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIET & CO., CITY PRINTERS AND STATIONERS.

7211 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 te

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) German White
3. Date of Birth, 22 of Fany 1884
4. Place of Birth, (Street and Number) Langaster strat No:
5. Full Name of Mother, Laura Engelhare
6. Mother's Maiden Name, Laura Marks
7. Mother's Birthplace, Germani
8. Full Name of Father, Karle Engelhare
9. Father's Occupation, Bricks Laier
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Ida Hill Mitwile

Address, Lancaster strat 73

Remarks,

Sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72114

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 5th 1884 |
| 4. *Place of Birth, (Street and Number)* | 147 Croft St |
| 5. *Full Name of Mother,* | Francis Ford |
| 6. *Mother's Maiden Name,* | Francis Morris |
| 7. *Mother's Birthplace,* | Delaware |
| 8. *Full Name of Father,* | Henry Ford |
| 9. *Father's Occupation,* | Custom Officer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | H B Noble, M.D. |
| *Address,* | 50 Warren Av |
| *Remarks,* | |

...ative at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72115

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6d |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 14 1884 |
| 4. *Place of Birth, (Street and Number)* | 37 Henrietta St |
| 5. *Full Name of Mother,* | Junior Riggin |
| 6. *Mother's Maiden Name,* | Junior Ball |
| 7. *Mother's Birthplace,* | Pocomoke, City, Md |
| 8. *Full Name of Father,* | Capt Chas Riggin |
| 9. *Father's Occupation,* | Marine |
| 10. *Father's Birthplace,* | Snow Hill Md |
| *Name of Medical Attendant,* or other Person who makes this Return | H. B. Noble, Md |
| *Address,* | 5th Warren av |
| *Remarks,* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7-2-116

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

"Every person in charge of any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 4 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 17th 1884 |
| 4. *Place of Birth, (Street and Number)* | 31 Hanover av |
| 5. *Full Name of Mother,* | Josephine Rusk |
| 6. *Mother's Maiden Name,* | Josephine Carter |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Rusk |
| 9. *Father's Occupation,* | Mechanic |
| 10. *Father's Birthplace,* | Indiana |
| *Name of Medical Attendant,* or other Person who makes this Return | H E Noble MD |
| *Address,* | 50 Hanover av |
| *Remarks,* | |

LANY & CO., CITY PRINTERS AND STATIONERS

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

72116

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 d/4 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 17d 1884 |
| 4. *Place of Birth, (Street and Number)* | 31 Warren av |
| 5. *Full Name of Mother,* | Josephine, Rusk |
| 6. *Mother's Maiden Name,* | Josephine Carter |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Rusk |
| 9. *Father's Occupation,* | Mechanic |
| 10. *Father's Birthplace,* | Indiana |
| *Name of Medical Attendant,* or other Person who makes this Return | H B Noble Mrs |
| *Address,* | 50 Warren av |
| *Remarks,* | |

...at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH, 7211

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d. |
| 1. *Sex (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White Race. |
| 3. *Date of Birth* | June. 8/84. |
| 4. *Place of Birth, (Street and Number)* | 664. Light St. St. |
| 5. *Full Name of Mother* | Lena. S. Steinbuck. |
| 6. *Mother's Maiden Name* | Huth. |
| 7. *Mother's Birthplace* | Balto. Md. |
| 8. *Full Name of Father* | William. S. Steinbuck |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace* | Balto. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Annie. Geems. |
| *Address* | 634. Light St. St. |
| *Remarks* | |

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

72118

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 th
4. *Place of Birth (Street and Number)* 349 West Franklin St
5. *Full Name of Mother* Lizzie Wills
6. *Mother's Maiden Name* Hammond
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Wills
9. *Father's Occupation* cigar maker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs June Geary

*Address* 264 East Fayette St

*Remarks*

72119

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 25 1894 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Cholard
3. *Date of Birth,* June 5
4. *Place of Birth, (Street and Number)* No 48 Chestnut St ~~[illegible]~~
5. *Full Name of Mother,* Barbara Write
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Roade Island
8. *Full Name of Father,* Henry Write
9. *Father's Occupation,* Laibeare
10. *Father's Birthplace,* Wilmeton Deaware

*Name of Medical Attendant,* or other Person who makes this Return Hearet Jackson

*Address,* No 5 Foret st

*Remarks,*

[illegible] during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72120

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 25 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 5 1884
4. Place of Birth, (Street and Number) No 60 East Street
5. Full Name of Mother, Suannah Young
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward Young
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return Harriet Jackson

Address, No 5 Forest Street

Remarks, Baltimore City

PIET & CO., CITY PRINTERS AND STATIONERS.

7121

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Scholard
3. Date of Birth, June 5
4. Place of Birth, (Street and Number) Forest St 1037
5. Full Name of Mother, Rachel Stevson
6. Mother's Maiden Name, Seaveson
7. Mother's Birthplace, Easton Shore - Va
8. Full Name of Father, Samil Wilson
9. Father's Occupation, Water
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Hearl Jackson

Address, No 5 Forest St

Remarks,

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & SON, CITY PRINTERS AND STATIONERS.

72122

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 25 1884 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* ..... White
2. *Race or Color, (if not of the white race)* ..... June 8/84
3. *Date of Birth,* ..... 7 & Barre St
4. *Place of Birth, (Street and Number)* ..... Emma Boehe
5. *Full Name of Mother,* ..... Emma Moog
6. *Mother's Maiden Name,* ..... Balto md
7. *Mother's Birthplace,* ..... Geo Boehe
8. *Full Name of Father,* ..... Cigar Manfr
9. *Father's Occupation,* ..... Balto. md
10. *Father's Birthplace.* .....

*Name of Medical Attendant,* or other Person who makes this Return ..... H. L Silcox M.D

*Address,* ..... 387 W Lombard St

*Remarks,* .....

.....

NY & CO., CITY PRINTERS AND STATIONERS

7213

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 25 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, June 15
4. Place of Birth, (Street and Number) Saulbery Court No 4
5. Full Name of Mother, Sarah Shisby
6. Mother's Maiden Name, Sarah Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H. Shisby
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Harriet Jackson

Address, No 5 Forest Street

Remarks,

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

72124

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Feamail
2. *Race or Color, (if not of the white race)* Cholard
3. *Date of Birth,* June 17
4. *Place of Birth, (Street and Number)* East st No 92
5. *Full Name of Mother,* Diana Johnson
6. *Mother's Maiden Name,* Dina Banks
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Peates Banks
9. *Father's Occupation,* Saibear
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Hearet Jackson

*Address,* No 5 Forest

*Remarks,*

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72125

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 25 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18th June 84
4. Place of Birth, (Street and Number) 225 Montgomery St
5. Full Name of Mother, Ella Crossman
6. Mother's Maiden Name, " Sinclair
7. Mother's Birthplace, Md
8. Full Name of Father, John T. Crossman
9. Father's Occupation, Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return A W Dodge

Address, 110 Hanover St

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

72126

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 19 1884 |
| 4. *Place of Birth, (Street and Number)* | S. W. Centre St |
| 5. *Full Name of Mother,* | Mary O'Keeffe |
| 6. *Mother's Maiden Name,* | " Welby |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | David O'Keeffe |
| 9. *Father's Occupation,* | Coachman |
| 10. *Father's Birthplace.* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | R. Sheett MD |
| *Address,* | 143 N. Exeter St |
| *Remarks,* | doing well - for exp. |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ILANY & CO., CITY PRINTERS AND STATIONERS

72127

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 20th 1884 |
| 4. *Place of Birth, (Street and Number)* | # 122 William st |
| 5. *Full Name of Mother,* | Mary Anna Green |
| 6. *Mother's Maiden Name,* | Mary Anna Rollin |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Thomas Henry Green |
| 9. *Father's Occupation,* | Engineer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs M A Cottrell |
| *Address,* | # 76 William st |
| *Remarks,* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

72128

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20 1884
4. *Place of Birth, (Street and Number)* 40 Madeira Ave
5. *Full Name of Mother,* Margaret Lufferingan
6. *Mother's Maiden Name,* Gigans
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* John Luefingan
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimer

*Name of Medical Attendant,* or other Person who makes this Return Miss E. Fray

*Address,* 193 Chester

*Remarks,*

PIET & CO., CITY PRINTERS AND STATIONERS.

7 2 1 2 9

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 20 June
4. Place of Birth, (Street and Number) 9 millerman St
5. Full Name of Mother, Liza Stepney
6. Mother's Maiden Name,
7. Mother's Birthplace, arrundel County
8. Full Name of Father, George Sweeney
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Ellen Harson

Address, Ellen Harson No 273 Chapel St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

72130

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6. sixth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 20 - 1884
4. *Place of Birth, (Street and Number)* 27 Ramsey street
5. *Full Name of Mother,* Barbara Schmitt
6. *Mother's Maiden Name,* Barbara Herzog
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Anderas Schmitt
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Kunigunda Schliker

*Address,* 20 Columbia Ave.

*Remarks,*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...MEY & CO., CITY PRINTERS AND STATIONERS.

72131

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* june 20th
4. *Place of Birth, (Street and Number)* no 11 new york Buyldin kings
5. *Full Name of Mother,* martha jackson
6. *Mother's Maiden Name,* martha homes
7. *Mother's Birthplace,* esic county va
8. *Full Name of Father,* james h jackson
9. *Father's Occupation,* labour
10. *Father's Birthplace,* norfic va

*Name of Medical Attendant,* or other Person who makes this Return mrs Lydia Porter

*Address,* no 4 paptsco avenue

*Remarks,* healthy child

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72132

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the. 21. 1884
4. *Place of Birth, (Street and Number)* N. Dallas St. No. 75
5. *Full Name of Mother,* Katharine Baeuerle
6. *Mother's Maiden Name,* Katharine Scheidt
7. *Mother's Birthplace,* Lammersheim. K. Würtemberg. Germany
8. *Full Name of Father,* Johann G. Baeuerle
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Biehl, K. Würtemberg. Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St. No. 26

*Remarks,*

PINT & CO., CITY PRINTERS AND STATIONERS.

72133

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th Child

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 21st of June 1884.
4. *Place of Birth, (Street and Number)* 183 Bank street
5. *Full Name of Mother,* Susan Schwarzkopf.
6. *Mother's Maiden Name,* Susan Lutz.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Mick Lutz.
9. *Father's Occupation,* Gasfitter and plumer
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Crescentia Kunkel

*Address,* 11 North Chapel st. for Justina Kunkel

*Remarks,* Healthy

...sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...PIET & CO., CITY PRINTERS AND STATIONERS.

72134

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 25 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 21
4. *Place of Birth, (Street and Number)* Price Court
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,* Mary Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* +
9. *Father's Occupation,* +
10. *Father's Birthplace,* +

*Name of Medical Attendant,* or other Person who makes this Return Harriet Jackson

*Address,* No 5 Forest Street

*Remarks,*

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINT & CO., CITY PRINTERS AND STATIONERS.

72135

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 of June 1884
4. *Place of Birth, (Street and Number)* No 52 Court Alley
5. *Full Name of Mother,* Barbra Eisel
6. *Mother's Maiden Name,* Barbra Bochlein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nickolas Eisel
9. *Father's Occupation,* Copper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sabina Crishaber

*Address,* No 128 West St

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72136

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 26 1884
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8.

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 18 1884
4. *Place of Birth (Street and Number)* 137 Edmonds St
5. *Full Name of Mother* Mary Ann Rogers
6. *Mother's Maiden Name* Bolten
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Jackson Rogers
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Bennell

*Address* 68 Front Street

*Remarks*

72134

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 21 — 84
4. *Place of Birth (Street and Number)* 194 Hart Ann
5. *Full Name of Mother* Grace . Schuman
6. *Mother's Maiden Name* Jewell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Schuman
9. *Father's Occupation* Coal Dumper
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Jewell

*Address* 68 Hart Ann

*Remarks*

72138

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 22nd 1884 |
| 4. *Place of Birth, (Street and Number)* | 193 Edmondson ave |
| 5. *Full Name of Mother,* | Emma Estelle Parks |
| 6. *Mother's Maiden Name,* | " " Thompson |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | James Thomas Parks |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Kent County Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jas E Gibbons M. D. |
| *Address,* | 47 Edmondson ave |
| *Remarks,* | |

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

72139

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22nd 1884
4. Place of Birth, (Street and Number) No 80 Abullikin Street
5. Full Name of Mother, Rachael Leiperman
6. Mother's Maiden Name, Rachael Fried
7. Mother's Birthplace, Germany
8. Full Name of Father, Oscar Leiperman
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return James E. Whitefoot M.D.

Address, 195 Aisquith Street

Remarks,

[illegible] Register of such birth, and shall contain the name of a birth which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

72140

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 of June 1884
4. *Place of Birth, (Street and Number)* No 46 Howard 1884
5. *Full Name of Mother,* Emma O. Brine
6. *Mother's Maiden Name,* Emma Harly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick O. Brine
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Irland

*Name of Medical Attendant,* or other Person who makes this Return Sabina Greshaber

*Address,* No 125 West St

*Remarks,*

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72141

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

JUN 25 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22 nd June 1884 |
| 4. *Place of Birth, (Street and Number)* | 518 West Pratt st |
| 5. *Full Name of Mother,* | Julia Annie Bachinger |
| 6. *Mother's Maiden Name,* | Julia Annie Zimmerman |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Agustus William Bachinger |
| 9. *Father's Occupation,* | Cigar Manufacturer |
| 10. *Father's Birthplace,* | Louisville Kentucky |
| *Name of Medical Attendant,* or other Person who makes this Return | Susan Hunter |
| *Address,* | 21 No Appleton St |
| *Remarks,* | |

stoner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72142

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

RECEIVED JUN 25 1884 REGISTRAR BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth. June 22nd 1884

4. Place of Birth, (Street and Number) 167 North Paca St

5. Full Name of Mother, Kate M Murphy

6. Mother's Maiden Name, Kate M Goldhammer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm F Murphy

9. Father's Occupation, Fire Dept

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 N Pennsylvania Ave

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILET & SON, CITY PRINTERS AND STATIONERS.

72148

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ninth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th 1884
4. *Place of Birth, (Street and Number)* 149 Conway St
5. *Full Name of Mother,* Rosa Grossman
6. *Mother's Maiden Name,* Wasserman
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Leopold Grossman
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return S. W. Seldner M.D.

*Address,* S. E. Cor. Caroline & Eager Sts.

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72144

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th 1884
4. *Place of Birth, (Street and Number)* S.W. Cor Washington & Federal Sts
5. *Full Name of Mother,* Catherine Bitter
6. *Mother's Maiden Name,* Henkel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Bitter
9. *Father's Occupation,* Coppersmith
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return S. W. Selchur M.D.

*Address,* S.E. Cor Eager & Caroline Sts

*Remarks,*

...sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72145

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17th 1884
4. Place of Birth, (Street and Number) 324 Mulberry Street
5. Full Name of Mother, Mary Caldwell
6. Mother's Maiden Name, Mary Kelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Caldwell
9. Father's Occupation, Engineer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Hunter

Address, 21 No Poppelton St

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

77116

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT JUN 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18th 1884
4. *Place of Birth, (Street and Number)* Baltimore Ramsey 168
5. *Full Name of Mother,* Bridget Egan
6. *Mother's Maiden Name,* Bridget Conroy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Egan
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 N. Appleton St

*Remarks,*

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

75147

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20th 1884
4. *Place of Birth, (Street and Number)* 343 E Madison Ave
5. *Full Name of Mother,* Jane Thompson
6. *Mother's Maiden Name,* Logan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Thompson
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return S W Seldner M D

*Address,* S E Cor Eager & Carolina Sts

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

72148

# RETURN OF A BIRTH

GIVEN NAME ADDED 5-22-62

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: MICHAEL BUSER

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1884
4. *Place of Birth, (Street and Number)* 321 N Canal St
5. *Full Name of Mother,* Annie Buser
6. *Mother's Maiden Name,* Suchebracel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Buser
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return L W Seldner M D

*Address,* S E Cor Eager & Caroline Sts

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72149

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 22 1884
4. *Place of Birth, (Street and Number)* No 71 north Pine St
5. *Full Name of Mother,* Mary O'Brien
6. *Mother's Maiden Name,* Mary Falsey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael O'Brien
9. *Father's Occupation,* Groseries & Liquor Store
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Susan Hunter

*Address,* 21 No Pappelton St

*Remarks,*

[illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72150

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22

4. Place of Birth, (Street and Number) Exeter & Stile Streets

5. Full Name of Mother, Mary Gertrude Pasterfield

6. Mother's Maiden Name, Lachaise

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm F Pasterfield

9. Father's Occupation, Horseder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Susin Morgan 47 north Dorhmate

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72151

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd 1884
4. *Place of Birth, (Street and Number)* 265 N Canal St
5. *Full Name of Mother,* Frederika Hock
6. *Mother's Maiden Name,* Engel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H Hock
9. *Father's Occupation,* Undertaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return S W Seldner M D

*Address,* S. E. Cor. Eager & Caroline Sts

*Remarks,*

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & ASK, CITY PRINTERS AND STATIONERS.

72152

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth,* June 22nd 1884

4. *Place of Birth, (Street and Number)* 364 N. Gay St.

5. *Full Name of Mother,* Amelia Fink

6. *Mother's Maiden Name,* Eirolf

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Henry Fink

9. *Father's Occupation,* Salomon Kerfeer

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return S. W. Aldrich M.D.

*Address,* S. Elev. Gaynor Carolina Sts.

*Remarks,*

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

7213

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, June the 22d 1884

4. Place of Birth, (Street and Number) Orleans St. No 13.

5. Full Name of Mother, Katharine Krüger

6. Mother's Maiden Name, Katharine Kraemer

7. Mother's Birthplace, Vejlsthum, K. Bayern. Germany

8. Full Name of Father, Lorenz Krüger

9. Father's Occupation, Musician

10. Father's Birthplace, Niederzwern, K. Bayern Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINT & CO., CITY PRINTERS AND STATIONERS.

72154

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23rd '84
4. *Place of Birth, (Street and Number)* #161 W. Lombard st
5. *Full Name of Mother,* Maggie Myers
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Penn
8. *Full Name of Father,* Don't know
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

*Name of Medical Attendant,* or other Person who makes this Return W. C. Chapman M.D.

*Address,* 161 W. Lombard st.

*Remarks,*

[illegible] birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72155

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 23rd '84
4. Place of Birth, (Street and Number) 161 W. Lombard st.
5. Full Name of Mother, Sarah Smith
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Dont know
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D.

Address. #161 W. Lombard st.

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. FILT & SON, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72156

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 23
4. Place of Birth, (Street and Number) 25 Eolington St City
5. Full Name of Mother, Sarah Sugar
6. Mother's Maiden Name, Matthew
7. Mother's Birthplace, Howard County
8. Full Name of Father, Charles L. Sugar
9. Father's Occupation, Engineer
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other Person who makes this Return Charlott Warren

Address, 10258 Raborge St

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

72157

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother*, (*state whether* 1st, 2d, 3d, &c.) | One Child |
| 1. *Sex*, (*state whether male or female*) | Male |
| 2. *Race or Color*, (*if not of the white race*) | Colored Race |
| 3. *Date of Birth*, | June 23 1884 |
| 4. *Place of Birth*, (*Street and Number*) | 711 Jefferson St |
| 5. *Full Name of Mother*, | Susie Baily |
| 6. *Mother's Maiden Name*, | Susie Johnson |
| 7. *Mother's Birthplace*, | Baltimore |
| 8. *Full Name of Father*, | Louis Baily |
| 9. *Father's Occupation*, | Labor |
| 10. *Father's Birthplace*, | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return | Lucinda Worthy |
| *Address*, | 130 Bayside St |
| *Remarks*, | |

H. PIET & SON, CITY PRINTERS AND STATIONERS.

72158

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June the 23, 1884
4. *Place of Birth, (Street and Number)* Watson St. Nr 2.
5. *Full Name of Mother,* Fannie Salomon
6. *Mother's Maiden Name,* Fannie Wald
7. *Mother's Birthplace,* Baltenfeld. N. Preussen. Germany
8. *Full Name of Father,* Louis Salomon
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Brooklin N. York. U. S

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Miller

*Address,* N. Dallas St. Nr 26

*Remarks,*

---

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

DIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7259

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23rd 1884
4. Place of Birth, (Street and Number) 56 Brune st
5. Full Name of Mother, Emma Christina Kraemer
6. Mother's Maiden Name, " " Binder
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Martin Kraemer
9. Father's Occupation, Silver leaf Manufacturer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Jas E Gibbons M.D.

Address, 47 Edmondson ave

Remarks,

John Murphy & Co., City Printers and Stationers.

72160

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
24
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd Child

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd of June 1884
4. *Place of Birth, (Street and Number)* 50 Mercery Street
5. *Full Name of Mother,* Katie Gaubert
6. *Mother's Maiden Name,* Katie Groce
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Groce
9. *Father's Occupation,* Hatter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel

*Address,* 71 North Chapel Street per Justina Kunkel

*Remarks,* Healthy.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72161

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23rd 1884
4. *Place of Birth, (Street and Number)* 1549 Gilmor St
5. *Full Name of Mother,* Mary Hartzell
6. *Mother's Maiden Name,* Goodman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jonas Hartzell
9. *Father's Occupation,* Curarrier
10. *Father's Birthplace.* Balto

*Name of Medical Attendant,* or other Person who makes this Return Chas E Sadtler MD

*Address,* 565 Druid Hill Ave

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72162

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.** June 25 1884

HEALTH DEPARTMENT JUN 27 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 & 4 |
| 1. *Sex, (state whether male or female)* | Twins Boy & Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 19 1884 |
| 4. *Place of Birth, (Street and Number)* | 18 Thames St |
| 5. *Full Name of Mother,* | Hannah Harrigan |
| 6. *Mother's Maiden Name,* | Hannah Barra |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Edward Harrigan |
| 9. *Father's Occupation,* | Labour |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Louisa Smith |
| *Address,* | Name of the Children Edward Harrigan |
| *Remarks,* | Mary Jane Harrigan |

"Every person who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

72163

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20 1884
4. *Place of Birth, (Street and Number)* 127 N. Eutaw St.
5. *Full Name of Mother,* Julie Rorenstock
6. *Mother's Maiden Name,* Julie Schloss.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Levi Rorenstock
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return A. R. Amoedmby

*Address,*

*Remarks,*

PIET & CO., CITY PRINTERS AND STATIONERS.

72164

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 27 1884 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 Juny
4. *Place of Birth, (Street and Number)* Hoffman St.
5. *Full Name of Mother,* Julia Greisant
6. *Mother's Maiden Name,* Julia Mentharé
7. *Mother's Birthplace,* Posen Prussia
8. *Full Name of Father,* August Greisant
9. *Father's Occupation,* Cutter
10. *Father's Birthplace,* Edenkoben Bavern.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

72165

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 27 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4. Child

1. *Sex, (state whether male or female)* Little Girl
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* 22. of June. 1884
4. *Place of Birth, (Street and Number)* Whielham st No 15 Baltimore city
5. *Full Name of Mother,* Mrs. Litt
6. *Mother's Maiden Name,* Miss Pauleine Kete
7. *Mother's Birthplace,* Pommern Germany
8. *Full Name of Father,* Mrs Litt
9. *Father's Occupation,* Laborer West Preussen Germany
10. *Father's Birthplace,* West Preussen Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Killer

*Address,* 1017. West Pratt city

*Remarks,*

Head Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 72166

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 27 1884 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 Child

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 22 of June 1884
4. *Place of Birth, (Street and Number)* #321 Hoffman st
5. *Full Name of Mother* Lettie Osborn
6. *Mother's Maiden Name* " Patterson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Osborn
9. *Father's Occupation* Fishdealer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Carroll

*Address* # 19 Woodyear st,

*Remarks*

72167

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 23 |
| 4. *Place of Birth, (Street and Number)* | 588 Madison Av |
| 5. *Full Name of Mother,* | Grace Leach |
| 6. *Mother's Maiden Name,* | — Guest |
| 7. *Mother's Birthplace,* | Balt. |
| 8. *Full Name of Father,* | Cyrus H. Leach |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. M. Wilson |
| *Address,* | 257 Mad. Av. |
| *Remarks,* | |

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

7216 8

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN 25 1884
BALTIMORE

*Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

*(state whether Male or Female)* male

*or Color (if not of the white race)* Colored

*of Birth* July June 23rd

*of Birth (Street and Number)* 211 S. Howard st

*Name of Mother* Lizzie Mitchel

*r's Maiden Name* Lizzie Mitchel

*r's Birthplace* Baltimore

*Name of Father* George Johnson

*r's Occupation* Laborer

*r's Birthplace* Baltimore

*of Medical Attendant, or other Person who makes this Return.* Piney Ewell

*ess* 209 Howard st

*rks* I am perfectly satisfied so far

72169

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 of June 1884
4. *Place of Birth, (Street and Number)* No 4 Marshal Cav
5. *Full Name of Mother,* Kate Krowan
6. *Mother's Maiden Name,* Kate Cowony
7. *Mother's Birthplace,* Patrick Krowan *
8. *Full Name of Father,* * Erland
9. *Father's Occupation,* Confectioner
10. *Father's Birthplace,* Erland

*Name of Medical Attendant,* or other Person who makes this Return Sabine Greshaber

*Address,* No 125 West Fr

*Remarks,*

Each register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, PIET & CO., CITY PRINTERS AND STATIONERS.

72170

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jun 23 1884
4. *Place of Birth, (Street and Number)* 249 Alexander St
5. *Full Name of Mother,* Anna Bomister
6. *Mother's Maiden Name,* Anna Gabhard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Bomister
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs E. Fay

*Address,* 193 Chester St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. PIET & CO., CITY PRINTERS AND STATIONERS.

72171

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1894 BALTIMORE

*No. of Child of Mother,* (~~*state whether 1st*~~, 2d, ~~3d, &c.~~)

1. *Sex,* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color,* (~~*if not of the*~~ *white race*)
3. *Date of Birth,* June 24th 1894.
4. *Place of Birth, (Street and Number)* 544 David Hill Ave.
5. *Full Name of Mother,* Mary A. Booker.
6. *Mother's Maiden Name,* Mary A. Hoffman.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Winfield S. Booker.
9. *Father's Occupation,* Lawyer.
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return John J. R. Frazer, M.D.

*Address,* 273 Lexington St.

*Remarks,* Premature at the 8th Month.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

72172

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24 - 84
4. *Place of Birth, (Street and Number)* 161 W. Lombard St
5. *Full Name of Mother,* Mary Trust
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* Don't know
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

*Name of Medical Attendant,* or other Person who makes this Return W. C. Chapman MD

*Address,* 161 W. Lombard St.

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

7217 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, 24 of June 1884
4. Place of Birth, (Street and Number) No 187 William St
5. Full Name of Mother, Lizzie Hunter
6. Mother's Maiden Name, Lizzie Johnson
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Hunter
9. Father's Occupation, Copper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sidney Bradshaw

Address, No 128 West St

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. FIET & CO., CITY PRINTERS AND STATIONERS.

72174

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd Child

1. *Sex, (state whether male or female)* Little Boy

2. *Race or Color, (if not of the white race)* White Race

3. *Date of Birth,* 25 June 1884

4. *Place of Birth, (Street and Number)* Carverton road Baltimore

5. *Full Name of Mother,* Mrs Biller

6. *Mother's Maiden Name,* Miss Rose Bennett

7. *Mother's Birthplace,* Born in Baltimore city

8. *Full Name of Father,* Mr Charles Biller

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Born in Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Killer

*Address,* 1014 west Pratt st city

*Remarks,*

HEALTH DEPARTMENT JUN 27 1884 BALTIMORE

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUN 26 1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 25th of June 1884.
4. Place of Birth, (Street and Number) 560 East Fayette Street.
5. Full Name of Mother, Lara Baum.
6. Mother's Maiden Name, Lara Strasburger.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Same Strasburger.
9. Father's Occupation, Laborman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel.

Address, 77 North Chapel st, per Justina Kunkel.

Remarks, Healthy.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...N B. FILT & CO., CITY PRINTERS AND STATIONERS.

7776

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th Child. |
| 1. *Sex, (state whether male or female)* | Girl. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | 25th of June 1884. |
| 4. *Place of Birth, (Street and Number)* | 105 North Chapel Street. |
| 5. *Full Name of Mother,* | Kunnie Müsmichel. |
| 6. *Mother's Maiden Name,* | Kunnie Stephofer. |
| 7. *Mother's Birthplace,* | Germany. |
| 8. *Full Name of Father,* | Max Stephofer. |
| 9. *Father's Occupation,* | Carpenter. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return | Crescentia Kunkel. |
| *Address,* | 11 North Chapel Street for Crescentia Kunkel. |
| *Remarks,* | Healthy. |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

SIX B. PILT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 72177

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

name of Child: Harry Clark Burgan

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 26th 1884
4. *Place of Birth, (Street and Number)* 214 E Fayette St
5. *Full Name of Mother* Kate Burgan
6. *Mother's Maiden Name* " Emerich
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Burgan
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. D W Cathell Md

*Address* 2 N Bromberg

*Remarks*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72178

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3te Child

1. *Sex, (state whether ~~male or female~~)*

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June the 26, 1884

4. *Place of Birth, (Street and Number)* N. Bethel St. No 119

5. *Full Name of Mother,* Lizzie Betz

6. *Mother's Maiden Name,* Lizzie Hildebrandt

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* Jakob Betz

9. *Father's Occupation,* Taylor

10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Miller

*Address,* N. Dallas St. No 26

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, to the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72179.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 27 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 1884
4. *Place of Birth, (Street and Number)* No 8 N. Schroder St
5. *Full Name of Mother,* Mary Hughes
6. *Mother's Maiden Name,* " " Nolan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Timothy Hughes
9. *Father's Occupation,* Police Officer
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return H. L. Spear Mo

*Address,* 387 W. Lombard St

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

COLLANY & CO. CITY PRINTERS AND STATIONERS

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72180

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 22 19[illegible] BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13th June
4. *Place of Birth (Street and Number)* 293 Hanover st
5. *Full Name of Mother* Mary R Fraser
6. *Mother's Maiden Name* Wall
7. *Mother's Birthplace* Md
8. *Full Name of Father* Clay Fraser
9. *Father's Occupation* Miller
10. *Father's Birthplace* Md

*Name of Medical Attendant,* or other Person who makes this Return. C. A. Lewis

*Address* 162 Hanover st

*Remarks*

72181

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUN
28
1924
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 June
4. *Place of Birth, (Street and Number)* 1414 Lancaster
5. *Full Name of Mother,* Mary Kahn
6. *Mother's Maiden Name,* Oblamberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Kahn
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 92 E. Lombard

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

MN E. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

73182

HEALTH DEPARTMENT
28
1934
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 12 June |
| 4. *Place of Birth, (Street and Number)* | 54 Albemarle |
| 5. *Full Name of Mother,* | Maggie Miller Brown |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Barisie Miller |
| 9. *Father's Occupation,* | Labourer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 12 E. Lombard |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N B. PIET & CO., CITY PRINTERS AND STATIONERS.

75 183

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. 17 June
4. Place of Birth, (Street and Number) 90 Caroline
5. Full Name of Mother, Margret Smith
6. Mother's Maiden Name, Conly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian Smith
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 12. E. Lombard

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. E. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72184

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUN 27 1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 18, 1884
4. *Place of Birth, (Street and Number)* 253 Mosher St.
5. *Full Name of Mother* Annie L. Lord.
6. *Mother's Maiden Name,* Mott.
7. *Mother's Birthplace,* Brooklyn N. Y.
8. *Full Name of Father,* Louis L. Lord
9. *Father's Occupation,* Merchant
10. *Father's Birthplace.* Citizen U. S.

*Name of Medical Attendant,* or other Person who makes this Return Henry A. Brewster M.D.

*Address,* 304 Madison Ave.

*Remarks,*

DULANY & CO., CITY PRINTERS AND STATIONERS

72185

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUN
28
1934
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 19 June |
| 4. *Place of Birth, (Street and Number)* | 68 S. High |
| 5. *Full Name of Mother,* | Mary Graber |
| 6. *Mother's Maiden Name,* | Herman |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Graber |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah C Lasher |
| *Address,* | 12 E. Lombard |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 21st 1884.
4. *Place of Birth, (Street and Number)* Shreoder St.
5. *Full Name of Mother,* Cavano
6. *Mother's Maiden Name,* Lizzie Swanee
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John Cavano
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return James Bacon M.D.

*Address,* Arlington ave & Mooher St.

*Remarks,*

Section 6. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PITT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUN 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 June
4. Place of Birth, (Street and Number) 46 S. Exeter
5. Full Name of Mother, Lena Mueller
6. Mother's Maiden Name, Shleider
7. Mother's Birthplace, Europe
8. Full Name of Father, Karl Mueller
9. Father's Occupation, Carpentar
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 22 E. Lombard

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner. In the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 2 188

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 27 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Five |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 23rd 1884. |
| 4. *Place of Birth, (Street and Number)* | No 16 Clemmens Alley |
| 5. *Full Name of Mother,* | Mary Concannon |
| 6. *Mother's Maiden Name,* | Mary Feaney |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Patrick Concannon |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Eliza Flemming |
| *Address,* | No 93 Albemarle St |
| *Remarks,* | (City) |

O DULANY & CO., CITY PRINTERS AND STATIONERS

72189

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
28
1934
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 23, 1884
4. Place of Birth, (Street and Number) Bickley St 147 Baltimore City
5. Full Name of Mother, Annie Gaulend
6. Mother's Maiden Name, Annie C. Dixon
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James Gaulend
9. Father's Occupation, Hustler
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Shaffer

Address, 114 Bickley St

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72190

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 28 1894 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 24 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Warner St cor 30 |
| 5. *Full Name of Mother,* | Sarah Grace Reed |
| 6. *Mother's Maiden Name,* | " " Clark |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Christian Gesber Reed |
| 9. *Father's Occupation,* | Brick Layer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Catharine Cross |
| *Address,* | |
| *Remarks,* | Poppleton St |

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 72191

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 28 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 the

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 day of June 1884.
4. *Place of Birth, (Street and Number)* Balto. 228 Saratoga str
5. *Full Name of Mother,* Wilhelmina Maennel
6. *Mother's Maiden Name,* nee Schmidt
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Fred. Aug. Maennel
9. *Father's Occupation,* Cabinet-maker
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return F. Maennel.

*Address,* 228 Saratoga str.

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

7192

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 26 |
| 4. *Place of Birth, (Street and Number)* | 67 Battery ave |
| 5. *Full Name of Mother,* | Cassie Adams |
| 6. *Mother's Maiden Name,* | Cassie Shelton |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Elijah Adams |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

Whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. FIET & CO., CITY PRINTERS AND STATIONERS.

7219 3

# RETURN OF A BIRTH.

HEALTH DEPARTMENT
JUN
28
1884
BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| *1. Sex (state whether Male or Female)* | Male. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 27. 1884. |
| *4. Place of Birth (Street and Number)* | 136 E. Hoffman St. |
| *5. Full Name of Mother* | Lida Suman. |
| *6. Mother's Maiden Name* | Lida Pitt. |
| *7. Mother's Birthplace* | Baltimore |
| *8. Full Name of Father* | Jno. G. Suman |
| *9. Father's Occupation* | Coal Dealer |
| *10. Father's Birthplace* | Frederick City. |
| *Name of Medical Attendant, or other Person who makes this Return.* | Jno. T. Powell M.D. |
| *Address* | 527 Canton Ave |
| *Remarks* | Child Healthy |

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72194

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 29 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th of June
4. *Place of Birth, (Street and Number)* 7 S. Ann St.
5. *Full Name of Mother,* Mary Kroter
6. *Mother's Maiden Name,* " Markel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. C. Kroter
9. *Father's Occupation,* Provision dealer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary Walters

*Address,* 125 N. Caroline.

*Remarks,*

[illegible] or Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] P. PIET & CO., CITY PRINTERS AND STATIONERS.

72195

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 St

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Colored
3. *Date of Birth,* 7 of June
4. *Place of Birth, (Street and Number)* 139 Dallas St
5. *Full Name of Mother,* Lizah Lineday
6. *Mother's Maiden Name,* " Turner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Lineday
9. *Father's Occupation,* Easton
10. *Father's Birthplace,* Grocery Dealer

*Name of Medical Attendant,* or other Person who makes this Return 125 N Caroline St

*Address,* 125 N Caroline.

*Remarks,*

HEALTH DEPARTMENT JUN 3 1924 BALTIMORE

[illegible] Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] F. PIET & CO., CITY PRINTERS AND STATIONERS.

72196

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 18. 1884
4. *Place of Birth (Street and Number)* 298 W Fayette
5. *Full Name of Mother* Leah Klingenstein
6. *Mother's Maiden Name*
7. *Mother's Birthplace* New York
8. *Full Name of Father* Louis Kohn
9. *Father's Occupation* merch
10. *Father's Birthplace* Balto

*Name of Medical Attendant, or other Person who makes this Return.* Theodore B. M. D.

*Address* 258 Madison Ave

*Remarks*

***reet Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72197

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT JUN 29 1884 BALTIMORE

*No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd Child.

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* June 23rd 1884.
4. *Place of Birth,* (*Street and Number*) 724 N. Gilt St.
5. *Full Name of Mother,* Catherine Sibley.
6. *Mother's Maiden Name,* Thorn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Sibley.
9. *Father's Occupation,* Feed Dealer.
10. *Father's Birthplace,* Washington, D. C.

*Name of Medical Attendant,* or other Person who makes this Return. John H. White M.D.

*Address,* 342 N. Broadway

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

72198

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 28 1884 BALTIMORE.

*No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)*

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 23
4. *Place of Birth (Street and Number)* 824 S Caroy St
5. *Full Name of Mother* Martha A. Hemley
6. *Mother's Maiden Name* Martha A Donaldson
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Hary A Hemley
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balt Md

*Name of Medical Attendant, or other Person who makes this Return.* Robt K Kneen

*Address* 554 W Fayette St

*Remarks*

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72199

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 29 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (~~state whether male or~~ female)*
2. *Race or Color (~~if not~~ of the white race)*
3. *Date of Birth* 6 23 84
4. *Place of Birth (Street and Number)* 329 Franklin St
5. *Full Name of Mother* May Fenstermacher
6. *Mother's Maiden Name* Casto
7. *Mother's Birthplace* Ohio
8. *Full Name of Father* J. R. Fenstermacher
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* Ohio

*Name of Medical Attendant,* or other Person who makes this Return. L. M. Eastman

*Address* 349 Lexington

*Remarks* Natural

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72200

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24/1884
4. *Place of Birth, (Street and Number)* 379 S Eutaw St
5. *Full Name of Mother,* Annie W. McGechan
6. *Mother's Maiden Name,* " " Cook
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward J. McGechan
9. *Father's Occupation,* Processor of Fruit
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St per Lab

*Remarks,*

[illegible] of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] B. PIET & CO., CITY PRINTERS AND STATIONERS.

72201

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24/1884
4. *Place of Birth, (Street and Number)* 78 Battery Ave
5. *Full Name of Mother,* Cinderilla Howery
6. *Mother's Maiden Name,* " , Crowes
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Jno W Howery
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Va.

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St Pen Ls

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

72202

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 28 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| *1. Sex (state whether Male or ~~Female~~)* | |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | June 25 94 |
| *4. Place of Birth (Street and Number)* | 10 Park ave |
| *5. Full Name of Mother* | Mary |
| *6. Mother's Maiden Name* | Elwanger |
| *7. Mother's Birthplace* | Balto |
| *8. Full Name of Father* | John Gurnies |
| *9. Father's Occupation* | Taylor |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Fullerton MD |
| *Address* | 258 Madison ave. |
| *Remarks* | |

***Act Relative to Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72203

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 26 of June
4. *Place of Birth, (Street and Number)* Corner Gay and Eden St
5. *Full Name of Mother,* Sophia Harper
6. *Mother's Maiden Name,* " Walker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm E. Harper
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary Walters

*Address,* 125 N Caroline St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. FEST & CO., CITY PRINTERS AND STATIONERS.

72204

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 29 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Fourth (4th) |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | June 27th 1884 |
| 4. Place of Birth (Street and Number) | 138 E Madison St |
| 5. Full Name of Mother | Elizabeth Hammar |
| 6. Mother's Maiden Name | " Martin |
| 7. Mother's Birthplace | Balto Md |
| 8. Full Name of Father | John M. Hammar |
| 9. Father's Occupation | Whip Maker |
| 10. Father's Birthplace | Balto Md |
| Name of Medical Attendant, or other Person who makes this Return. | Thos. J. Ward M.D. |
| Address | 127 St Paul St |
| Remarks | |

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 8-18-49

72205

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Cummings Supplee

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 27 |
| 4. *Place of Birth, (Street and Number)* | McCulloh 5 |
| 5. *Full Name of Mother,* | Kate Supplee |
| 6. *Mother's Maiden Name,* | Cochran |
| 7. *Mother's Birthplace,* | Balt. |
| 8. *Full Name of Father,* | I. Frank Supplee |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. M. Wilson |
| *Address,* | 757 Mad Ave |
| *Remarks,* | |

JUN 28 1884 BALTIMORE

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

72206

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 June 1884
4. Place of Birth, (Street and Number) 254 Bond St.
5. Full Name of Mother, Mary Ruzicka
6. Mother's Maiden Name, Mary Kopeteka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Ruzicka
9. Father's Occupation, Baker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kostiuk

Address, 69 N. Washington St

Remarks, Mary Kostiuk

F. FIET & CO., CITY PRINTERS AND STATIONERS.

72207

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c)* 11th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 17 1884
4. *Place of Birth (Street and Number)* S. E. Cor Madison ave & Wilson St.
5. *Full Name of Mother* Sarah G. Packham
6. *Mother's Maiden Name* Sarah G. Sweeting
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Lewis Packham
9. *Father's Occupation* Ice Cream and Confectionary Store
10. *Father's Birthplace* St. Louis Mo

*Name of Medical Attendant, or other Person who makes this Return.* A. G. Watson

*Address* 437 N. Central ave

*Remarks*

**Fee Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

77208

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 June 1884
4. Place of Birth, (Street and Number) 257 Ann St
5. Full Name of Mother, Mary Mucanumske
6. Mother's Maiden Name, Mary Mucanumske
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Mucanumske
9. Father's Occupation, Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kopcik

Address, 69 N. Washington St

Remarks, Mary Kopcist

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. PIET & CO., CITY PRINTERS AND STATIONERS.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 7209

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUN
30
1884
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* June 24 1884
4. *Place of Birth, (Street and Number)* 100 Cathedral St.
5. *Full Name of Mother* Emma ~~Johns~~ Fessenton
6. *Mother's Maiden Name* Emma Ford
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jas Fessenton
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace*

*Name of Medical Attendant, or other Person who makes this Return.* Robt J. Wilson M.D.

*Address* 146 Park Ave

*Remarks*

72210

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 June, 1884
4. *Place of Birth, (Street and Number)* 243 Durham St.
5. *Full Name of Mother,* E. Hamrichek
6. *Mother's Maiden Name,* Elonora Kuchil
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Kuchil
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptish

*Address,* 69 N. Washington St.

*Remarks,* Mary Koptish

[illegible] exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

P. FIET & CO., CITY PRINTERS AND STATIONERS.

72211

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 June 1884
4. Place of Birth, (Street and Number) 223 Bethel St.
5. Full Name of Mother, Josephine Banuska
6. Mother's Maiden Name, Josephine Hack
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Hack
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptish

Address, 69 N. Washington St

Remarks, Mary Koptish

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

E. FIET & CO., CITY PRINTERS AND STATIONERS.

72212

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* June 27/84
4. *Place of Birth, (Street and Number)* N. E. Cor. Ann and Lombard
5. *Full Name of Mother,* Sarah C. Colesoie
6. *Mother's Maiden Name,* " " Spence
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Saml. T. W. Colesoie
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Balto. Mill

*Name of Medical Attendant,* or other Person who makes this Return J. L. Winston

*Address,*

*Remarks,*

[illegible] exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] P. PIET & CO., CITY PRINTERS AND STATIONERS.

T2213

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 June 1884.
4. *Place of Birth, (Street and Number)* No. 261 Eden St. cor of adj.
5. *Full Name of Mother,* Amelia Klenlein
6. *Mother's Maiden Name,* Amelia Mache
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gustav Klenlein
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptick

*Address,* 69 N. Washington St

*Remarks,* Mary Koptick

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. FINT & CO., CITY PRINTERS AND STATIONERS.

72212

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 June 1884
4. *Place of Birth, (Street and Number)* 51 Madison st.
5. *Full Name of Mother,* Francy Preol
6. *Mother's Maiden Name,* Francy Velnosky
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Preol
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptish

*Address,* 69 N Washington St.

*Remarks,* Mary Koptish

[illegible] exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. FIET & CO., CITY PRINTERS AND STATIONERS.

72215

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, The 28 of June 1884
4. Place of Birth, (Street and Number) No 8 Gauce Street
5. Full Name of Mother, Rebecca Goayson
6. Mother's Maiden Name, Rebecca Harriss
7. Mother's Birthplace, Virginia
8. Full Name of Father, Joh Joseph Henry Goayson
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Christina Sauer

Address, No 173 Harford Ave

Remarks, Baltimore Md

1884

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IN B. PIET & ANC, CITY PRINTERS AND STATIONERS.

72216

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29th 1884
4. *Place of Birth, (Street and Number)* S. Broadway
5. *Full Name of Mother,* Mary George Benjamin
6. *Mother's Maiden Name,* " " Beckwith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Levi Benjamin
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Richmond Va.

*Name of Medical Attendant,* or other Person who makes this Return. James [illegible] Shaner M.D.

*Address,* 407 E. Pratt St.

*Remarks,*

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH,

72217

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
29
1884
BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* June 29th 1884
4. *Place of Birth, (Street and Number)* Pt. Lane near Harford Rd.
5. *Full Name of Mother* Rebecca Gardner
6. *Mother's Maiden Name* Harker
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* John Gardner
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return. Jas. Bourke Boyle

*Address*

*Remarks*

72218

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23th 1884
4. *Place of Birth, (Street and Number)* Baltimore, Ramsey st No. 148
5. *Full Name of Mother,* Ella Whalen
6. *Mother's Maiden Name,* " French
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Agustus Whalen
9. *Father's Occupation,* Moulder
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. C. Mitchell

*Address,* No. 54 Schroder st.

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. F. PIET & CO., CITY PRINTERS AND STATIONERS.

72219

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24th 1884
4. *Place of Birth, (Street and Number)* Baltimore Baltimore st. No. 601
5. *Full Name of Mother,* Mary Shields
6. *Mother's Maiden Name,* " McCartny
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Morris Shields
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Mrs. C. Mitchell

*Address,* No. 54 Schroeder st.

*Remarks,*

of Baltimore, under whose charge or superintendence, that every person practicing midwifery in the City exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 72220

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth* June the 29th
4. *Place of Birth, (Street and Number)* 43 & Dallas Street
5. *Full Name of Mother* Jennie Bowyer
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Brine
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Harriet Brinton

*Address* No 78 Bethel

*Remarks*

72221

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) first.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, June 2th 1884.
4. Place of Birth, (Street and Number) 56. Leadenhall Str.
5. Full Name of Mother, Bertha Appel
6. Mother's Maiden Name, Bertha Hass.
7. Mother's Birthplace, Osterfelde. Pommern. Germany.
8. Full Name of Father, Matheus Appel.
9. Father's Occupation, Paver.
10. Father's Birthplace, Prussia. Germany

Name of Medical Attendant, or other Person who makes this Return Kathrin Münch

Address, 1 Leadenhall St.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 5th 1884

4. Place of Birth, (Street and Number) 159 S Bond st

5. Full Name of Mother, Hannah Rose

6. Mother's Maiden Name, Finnegan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Chas Rose

9. Father's Occupation, Hostler

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Bell

Address, 159 S Bond st

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72223

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT. JUL 2 1884 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 271 E Monument st

4. Place of Birth, (Street and Number) June 1. '84

5. Full Name of Mother, Emma E Horton

6. Mother's Maiden Name, Hickmann

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry P Horton

9. Father's Occupation, Letterpress pressman

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 N Donogh st

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72224

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 2nd 1884
4. *Place of Birth, (Street and Number)* 11 Retreat St
5. *Full Name of Mother,* Annie Bennd
6. *Mother's Maiden Name,* Annie Roy
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm Bennd
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. Mesenzohl

*Address,* 366 ~~345~~ Penna ave

*Remarks,*

SECTION 6.—And be it further enacted and ordained. That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72225

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3rd 1884
4. *Place of Birth, (Street and Number)* 291 Pennsylvania ave
5. *Full Name of Mother,* Amanda Rouse
6. *Mother's Maiden Name,* Amanda Walker
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Rouse
9. *Father's Occupation,* Comp lighter
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A Mcsenzehl

*Address,* 266 Pennsylvania ave

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72226

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* white Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 4 / 1884
4. *Place of Birth, (Street and Number)* No 4 McHenry st
5. *Full Name of Mother,* Mellia Henkel
6. *Mother's Maiden Name,* Mellia ~~Henkel~~ [illegible]
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Henkel
9. *Father's Occupation,* Shoe Maker
10. *Father's Birthplace,* Balto MD

*Name of Medical Attendant,* or other Person who makes this Return Mrs [illegible]

*Address,* 366 Penn [illegible]

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72227

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8th 1884
4. *Place of Birth, (Street and Number)* 179 S Bethel
5. *Full Name of Mother,* Maggie Huber
6. *Mother's Maiden Name,* " Goettmann
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Huber
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Mr Elizabeth Betz

*Address,* 136 Bank St

*Remarks,*

[illegible] of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]HN B. PILT & CO., CITY PRINTERS AND STATIONERS.

77228

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth, June the 8 18[illegible]4
4. Place of Birth, (Street and Number) Union st No 54
5. Full Name of Mother, Francis drew
6. Mother's Maiden Name, Francis Sellers
7. Mother's Birthplace, England
8. Full Name of Father, Arthur drew
9. Father's Occupation, labrer
10. Father's Birthplace, ireland

Name of Medical Attendant, or other Person who makes this Return Mrs D Kelly

Address, No 197 Pratt st

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72229

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 9th 1884
4. Place of Birth, (Street and Number) No 240 Hamburg st. Baltimore Md.
5. Full Name of Mother,
6. Mother's Maiden Name, Miss Lena Hergenbury
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry C Bachmann
9. Father's Occupation, Cigar maker
10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return Käthrin Münch

Address, 1 Leadenhall St.

Remarks,

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72230

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male & Female twins
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 9th 1884
4. *Place of Birth, (Street and Number)* 227 Cee St
5. *Full Name of Mother,* Carrie Stevens
6. *Mother's Maiden Name,* Carrie Barker
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Stevens
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balto md

*Name of Medical Attendant,* or other Person who makes this Return Jas W Musengeld

*Address,* 366 Penna

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72231

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 10 '84

4. Place of Birth, (Street and Number) 90 N Ann St

5. Full Name of Mother, Elizabeth E Merikens

6. Mother's Maiden Name, Lee

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Jac. E Merikens

9. Father's Occupation, Painter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 N Donogh st

Remarks,

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7 2 1 32

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 10. 1884

4. Place of Birth, (Street and Number) S E Corner Chase and Aisquith

5. Full Name of Mother, Clara V Gosnell

6. Mother's Maiden Name, Lloyd

7. Mother's Birthplace, Maryland

8. Full Name of Father, Saml H Gosnell

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Mahon

Address, 286 N Donagh st

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72233

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 10. 1884
4. *Place of Birth, (Street and Number)* 161. Mulberry St
5. *Full Name of Mother,* Josephine Wakelman
6. *Mother's Maiden Name,* Josephine Denger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Wakelman
9. *Father's Occupation,* Shoe Cutter
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. Meisenzahl

*Address,* 366 Penn Ave.

*Remarks,*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & ASS., CITY PRINTERS AND STATIONERS.

72234

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st, Mother 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday June 10th At one 1 Oclock a.m.
4. Place of Birth, (Street and Number) N. E. Cor - Sharp & Hamburg st
5. Full Name of Mother, Annie Cathern Henneberger
6. Mother's Maiden Name, " " Schneider
7. Mother's Birthplace, S. W. Cor - Charles & West sts
8. Full Name of Father, George Louis Henneberger
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Vain County Michigan

Name of Medical Attendant, or other Person who makes this Return Käthrin Münch

Address, 1 Laudenhall St

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of each child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PILT & CO., CITY PRINTERS AND STATIONERS.

72236

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 10th 1884
4. *Place of Birth, (Street and Number)* 96 Thames St
5. *Full Name of Mother,* Mary Connely
6. *Mother's Maiden Name,* Cronin
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Connely
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Betz

*Address,* 120 Bank St

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72236

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Twins

1. Sex, (state whether male or female) Females

2. Race or Color, (if not of the white race)

3. Date of Birth, June 10th 1894

4. Place of Birth, (Street and Number) 14 S. Patterson Park Ave

5. Full Name of Mother, Rosina Krug

6. Mother's Maiden Name, " Haas

7. Mother's Birthplace, City

8. Full Name of Father, Thos. Krug

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Berg

Address, 120 Bank St

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72237

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 10th 1884
4. *Place of Birth, (Street and Number)* 235 ~~N.~~ Alice Anna St.
5. *Full Name of Mother,* Caroline Leimbach
6. *Mother's Maiden Name,* " Wentzel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Eduard Leimbach
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Betz

*Address,* 120 Bank St.

*Remarks,*

Sections 6. And we, if further charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72238

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPT
JUL
2
1884
BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 12 1884
4. *Place of Birth, (Street and Number)* Germany 30 E Biddle St
5. *Full Name of Mother,* Mary Kaufmann
6. *Mother's Maiden Name,* Peakes
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Kaufmann
9. *Father's Occupation,* Printer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary A Mowell

*Address.* 286 N Longh st

*Remarks,*

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Of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. B. PIET & CO., CITY PRINTERS AND STATIONERS.

72239

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 12th
4. Place of Birth, (Street and Number) 216 S. Eutaw Street
5. Full Name of Mother, Kate Nagengast
6. Mother's Maiden Name, Kate Hummer
7. Mother's Birthplace, America
8. Full Name of Father, John Nagengast
9. Father's Occupation, Laborer
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Kathrin Münch

Address, 1 Leadenhall St

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N B. PILT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72240

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd, & child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, June 13th.

4. Place of Birth, (Street and Number) 333 Cathedral Street.

5. Full Name of Mother, Cornelia Ray.

6. Mother's Maiden Name, Rokus.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Richard Ray.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Charlotte Crosby.

Address, 369 Cathedral Street.

Remarks,

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

72241

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother*, (*state whether* 1st, 2d, 3d, &c.) | First |
| 1. *Sex*, (*state whether male or female*) | Male |
| 2. *Race or Color*, (*if not of the white race*) | White |
| 3. *Date of Birth*, | June 13th 1884 |
| 4. *Place of Birth*, (*Street and Number*) | No 205 S. Regester St. |
| 5. *Full Name of Mother*, | Mrs Minnie Gubb |
| 6. *Mother's Maiden Name*, | Miss Minnie Glenn |
| 7. *Mother's Birthplace*, | Baltimore |
| 8. *Full Name of Father*, | George Gubb |
| 9. *Father's Occupation*, | Huckster |
| 10. *Father's Birthplace*, | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return | Mrs R. A. Garrett |
| *Address*, | No 65 Burke St |
| *Remarks*, | |

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. HUT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

79242

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 1 1884
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2nd "

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race)
3. *Date of Birth* June 13th 1884
4. *Place of Birth* (Street and Number) 95 W 6th St
5. *Full Name of Mother* Lydia Watson
6. *Mother's Maiden Name* Lydia Sigenfuss
7. *Mother's Birthplace* Penna
8. *Full Name of Father* Jno B. Watson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Penna

*Name of Medical Attendant, or other Person who makes this Return* Geo. A. Reynolds M.D.

*Address* 171 N. Calvert St

*Remarks*

~~GIVEN NAME ADDED~~ 5-5-49

72243

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Stella E. ~~Bohannon~~

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 14th
4. *Place of Birth, (Street and Number)* Baltimore. 219 E. Monument St
5. *Full Name of Mother,* Maggie. Virginia. Bohannon.
6. *Mother's Maiden Name,* Maggie. Virginia. Egg
7. *Mother's Birthplace,* Baltimore. Maryland.
8. *Full Name of Father,* Thomas. Bohannon
9. *Father's Occupation,* Wire Worker
10. *Father's Birthplace,* Richmond. Virginia

*Name of Medical Attendant,* or other Person who makes this Return Mrs Oliver

*Address,* 276 E Monument St

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72244

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 14th June 84
4. *Place of Birth, (Street and Number)* 23 Chesnut Aly
5. *Full Name of Mother,* Elizebeth Zimmerman
6. *Mother's Maiden Name,* Eliz. Garth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wm. H. Zimmerman
9. *Father's Occupation,* Hackman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Barthwin Münch

*Address,* 1 Lexingtonhall St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PILT & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

72245

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL
1
1884
BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race)
3. *Date of Birth* June 14th " 1884
4. *Place of Birth* (Street and Number)
5. *Full Name of Mother* Margaret E. Orford
6. *Mother's Maiden Name* Margaret E. Ford
7. *Mother's Birthplace* England
8. *Full Name of Father* John M. Orford
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Scotland (Scotland)

*Name of Medical Attendant,* or other Person who makes this Return. Geo. A. Reynolds M.D.

*Address* 171 N. Calvert

*Remarks*

72546

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

JUL 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 15th 1884
4. Place of Birth, (Street and Number) 266 Eastern Ave
5. Full Name of Mother, Louisa Linsley
6. Mother's Maiden Name, " Helwig
7. Mother's Birthplace, City
8. Full Name of Father, Henry Linsley
9. Father's Occupation, Milkmake
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mr Elizabeth Bat

Address, 120 Bank St

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 15th 1884 |
| 4. *Place of Birth, (Street and Number)* | Duncan Alley near Bank St |
| 5. *Full Name of Mother,* | Annie Conroy |
| 6. *Mother's Maiden Name,* | Annie Stanton |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Peter Conroy |
| 9. *Father's Occupation,* | Captain of Oyster boat |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs R. A. Garrett |
| *Address,* | No. 65 Burke St |
| *Remarks,* | |

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. FIET & CO., CITY PRINTERS AND STATIONERS.

72248

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18 1884
4. *Place of Birth, (Street and Number)* 57 Bridal [illegible]
5. *Full Name of Mother,* Louisa McCarty
6. *Mother's Maiden Name,* Louisa Bridal
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John McCarty
9. *Father's Occupation,* Well digger
10. *Father's Birthplace,* Balto Co

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* 366 Penna

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

S. PIET & CO., CITY PRINTERS AND STATIONERS.

72249

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1 1894 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 June 84
4. Place of Birth, (Street and Number) 15 McElderry
5. Full Name of Mother, Maggie Cuiper
6. Mother's Maiden Name, " Bauer
7. Mother's Birthplace, Hessen Germany
8. Full Name of Father, Nicholas Cuiper
9. Father's Occupation, distiller
10. Father's Birthplace, Prussia Germany

Name of Medical Attendant, or other Person who makes this Return

Address, Hrs Rulbig

Remarks, 48 Hollander

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

H. PIET & CO., CITY PRINTERS AND STATIONERS.

72250

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* female
3. *Date of Birth,* 15th May st
4. *Place of Birth, (Street and Number)* 16 June 1884
5. *Full Name of Mother,* Caroline J Laurer
6. *Mother's Maiden Name,* Fode
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Laurer
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Mrs Rulbig

*Address,*

*Remarks,* 48 Holland st

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

72251

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 1 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth June 15th 1884
4. Place of Birth (Street and Number) N. W. Cor Bank & Canal
5. Full Name of Mother Annie Campbell
6. Mother's Maiden Name Annie Moore
7. Mother's Birthplace Ireland
8. Full Name of Father Michael Campbell
9. Father's Occupation Restaurant & saloon
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo. B. Reynolds M.D.

Address 171 N. Calvert St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

72252

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6 1884
4. *Place of Birth, (Street and Number)* 450 Saratoga St
5. *Full Name of Mother,* Mollie Ritter
6. *Mother's Maiden Name,* Mollie Peter
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Wm Ritter
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs C. Messenger

*Address,* 366 Penna Ave

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

72213

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 16 1884
4. *Place of Birth, (Street and Number)* 71 N Duncan Alley
5. *Full Name of Mother,* Mary Collison
6. *Mother's Maiden Name,* Cane
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Ed. W Collison
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return Mary A Allwell

*Address,* 286 N Donogh st

*Remarks,*

Exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

72254

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

exact Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 16th 1884

4. Place of Birth, (Street and Number) 29 Bush St

5. Full Name of Mother, Margaretta Lawson

6. Mother's Maiden Name, " Workman

7. Mother's Birthplace, City

8. Full Name of Father, Bernard Lawson

9. Father's Occupation, Moulder

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs E Bly

Address, 100 Bank St

Remarks,

R. PIET & CO., CITY PRINTERS AND STATIONERS.

72255

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first (1)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Seventeenth (17) June.
4. *Place of Birth, (Street and Number)* # 172 Henrietta St.
5. *Full Name of Mother,* Elisibeth Mary Heckwolf
6. *Mother's Maiden Name,* Elisabeth Mary Leidig
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Fredrick Heckwolf
9. *Father's Occupation,* Iron Moulder
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Bathrin Munch

*Address,* 1 Leadenhall St

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & CO., CITY PRINTERS AND STATIONERS.

72256

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 of June 84
4. *Place of Birth, (Street and Number)* No 128 Henrietta
5. *Full Name of Mother,* Mary Guntermann
6. *Mother's Maiden Name,* Mary Miller
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Frank Guntermann
9. *Father's Occupation,* Furniture Dealer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Bathoin Munn

*Address,* 1 Leadenhall St.

*Remarks,*

Exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

72257

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 18th 1884 |
| 4. *Place of Birth, (Street and Number)* | 259 Durham St |
| 5. *Full Name of Mother,* | Georganna Friedel |
| 6. *Mother's Maiden Name,* | Georganna Oliver |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Friedel |
| 9. *Father's Occupation,* | Can-maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr. R. A. Garrett |
| *Address,* | No 65 Burke St |
| *Remarks,* | |

stoner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72258

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18, 1884
4. *Place of Birth, (Street and Number)* 6 Pine St
5. *Full Name of Mother,* Carrie Seidlich
6. *Mother's Maiden Name,* Carrie Kiltz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Seidlich
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs A Messenger

*Address,* 300 Penna ave

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

111
72259

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White, American.
3. *Date of Birth,* June 18th
4. *Place of Birth, (Street and Number)* 131 N. Washington, Balto City
5. *Full Name of Mother,* Cordelia J. Sanders.
6. *Mother's Maiden Name,* Cordelia J. Oram.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Wm. James Sanders.
9. *Father's Occupation,* Printer.
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Mrs J Olive

*Address,* 276 E Monument St

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & CO., CITY PRINTERS AND STATIONERS.

7776a

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEPT. OF HEALTH
JUL 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 18th 1884

4. Place of Birth, (Street and Number) 181 S Bond st

5. Full Name of Mother, Maria Stockman

6. Mother's Maiden Name, " Herl

7. Mother's Birthplace, City

8. Full Name of Father, Wilhelm Stockman

9. Father's Occupation, Carpenter

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Beh

Address, 100 Bank st

Remarks,

stoner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

11261

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 19th 1884 |
| 4. *Place of Birth, (Street and Number)* | 221 Elliott St |
| 5. *Full Name of Mother,* | Ada Connors |
| 6. *Mother's Maiden Name,* | Ada Hook |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Michael Connors |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Wm R. A. Garrett |
| *Address,* | |
| *Remarks,* | |

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

73962

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 June 84
4. *Place of Birth, (Street and Number)* 122 Sterling str
5. *Full Name of Mother,* Marie Maguar
6. *Mother's Maiden Name,* " Benninger
7. *Mother's Birthplace,* Bayern Germany
8. *Full Name of Father,* Martin Maguar
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs R Albig

*Address,*

*Remarks,* 48 Holland str

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IET & CO., CITY PRINTERS AND STATIONERS.

72263

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20 1884
4. *Place of Birth, (Street and Number)* 20 Rock St
5. *Full Name of Mother,* Carrie Black
6. *Mother's Maiden Name,* Carrie Palack
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Black
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Ewes W. Mennzeh

*Address,* 2 386 Penna ave

*Remarks,*

[illegible] during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

7772 64

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 20th 1884 |
| 4. *Place of Birth, (Street and Number)* | 59 Burke St |
| 5. *Full Name of Mother,* | Catharine Altman |
| 6. *Mother's Maiden Name,* | Catharine Ebbighausen |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Henry Altman |
| 9. *Father's Occupation,* | Stevedore - boss |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Chas R. A. Garrett |
| *Address,* | 165 Burke St |
| *Remarks,* | |

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or shall no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72265

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. 20th of June.
4. Place of Birth, (Street and Number) No 299 S. Sharp Street.
5. Full Name of Mother, Magarata Fischer.
6. Mother's Maiden Name, Magarata Schitzler.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Fredrick Fischer.
9. Father's Occupation, Laborman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Balthasar Münch

Address, 1 Lauderhall St.

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72266

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. June 20th
4. Place of Birth. (Street and Number) N. E. Corner Ridgely & Cross Sts
5. Full Name of Mother, Mary Onnen
6. Mother's Maiden Name, " Marr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Arnold M. Onnen
9. Father's Occupation, Apothecary
10. Father's Birthplace, ~~Wittmund~~ Esens, Germany

Name of Medical Attendant, or other Person who makes this Return Rathvin Munch

Address, 1 Leadenhall St.

Remarks,

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

1222 67

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The Third

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Twentyeth of June.
4. *Place of Birth, (Street and Number)* 279 Sharp St.
5. *Full Name of Mother,* Elezabeth ~~Duffenthall~~ Herrmann.
6. *Mother's Maiden Name,* Elezabeth Deffenthall.
7. *Mother's Birthplace,* Pensilvania
8. *Full Name of Father,* Fredrick Wm. Herrmann?
9. *Father's Occupation,* Cabnet Maker.
10. *Father's Birthplace,* Europe.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Minich.

*Address,* 1 Lardenfell pl

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PILT & CO., CITY PRINTERS AND STATIONERS.

7268

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL
2
1884
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June 21st 11-38 P.M. |
| 4. *Place of Birth (Street and Number)* | 26 N Mount St. |
| 5. *Full Name of Mother* | Emma Cecilia Bachman |
| 6. *Mother's Maiden Name* | Henry |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Wm. W. Bachman |
| 9. *Father's Occupation* | Paperhanger |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | H. W. Wehner M.D. |
| *Address* | 298 W. Lombard St. |
| *Remarks* | |

# RETURN OF A BIRTH

7229

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 2/84
4. *Place of Birth, (Street and Number)* 442 Pa Ave
5. *Full Name of Mother,* Margaret C. Smith
6. *Mother's Maiden Name,* Margaret C. Schmidt
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm Conen Smith
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Md,

*Name of Medical Attendant,* or other Person who makes this Return — J. H. Miller M D

*Address,* 188 Franklin St.

*Remarks,*

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ET & CO., CITY PRINTERS AND STATIONERS.

72270

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Tusday 3th
4. *Place of Birth, (Street and Number)* Russell st 71
5. *Full Name of Mother,* Clare. Rota
6. *Mother's Maiden Name,* Matthuse
7. *Mother's Birthplace,* Baltimore Country
8. *Full Name of Father,* Jullian. Matthuse
9. *Father's Occupation,* Bartender
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return

*Address,*

*Remarks,*

Sixth Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 6th |
| 4. *Place of Birth, (Street and Number)* | 33 Montrose St |
| 5. *Full Name of Mother,* | Anna Schroeder |
| 6. *Mother's Maiden Name,* | Anna Eiserman |
| 7. *Mother's Birthplace,* | Wurzen, Germany |
| 8. *Full Name of Father,* | Paul Louis Ernest Schroeder |
| 9. *Father's Occupation,* | Fresco Painter |
| 10. *Father's Birthplace,* | Striegau, Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | |
| *Remarks,* | |

During the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...HET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7227

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, June 7. 1884

4. Place of Birth, (Street and Number) 5 Oxford St.

5. Full Name of Mother, Stanley Howard

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return. W. F. Morgan M.D.

Address, 82 N. Green St

Remarks,

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

7224 3

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUL
3
1884
BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 7th
4. *Place of Birth, (Street and Number)* 819 Jackson Court
5. *Full Name of Mother,* Maria Sauerwald
6. *Mother's Maiden Name,* Maria Karcher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Sauerwald
9. *Father's Occupation,* Basket maker
10. *Father's Birthplace,* Both Hessendarmstadt Germanie

*Name of Medical Attendant,* or other Person who makes this Return .....

*Address,* .....

*Remarks,* .....

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ET & CO., CITY PRINTERS AND STATIONERS.

72274

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th of June
4. *Place of Birth, (Street and Number)* 53 S. Fremont St.
5. *Full Name of Mother,* Matilda Blaut
6. *Mother's Maiden Name,* Matilda Loventhal
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Levi Blaut
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Seelach 439 W. Pratt St.

*Address,*

*Remarks,*

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 2 95

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 10 of June |
| 4. *Place of Birth, (Street and Number)* | 521 W. Baltimore Str |
| 5. *Full Name of Mother,* | Lizzie Bachmann |
| 6. *Mother's Maiden Name,* | Lizzie Meier |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Louis Bachmann |
| 9. *Father's Occupation,* | Merchant Tailor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | |
| *Remarks,* | |

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12276

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 11th 1884

4. Place of Birth, (Street and Number) 216 Sebastian st N

5. Full Name of Mother, Regina C Harmeyer

6. Mother's Maiden Name, " " Harris

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Harmeyer

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Regina A. Winter

Address, 19 C Harford Ave

Remarks,

persons, the day and place of the births, and the said schedules shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

by & Co., City Printers and Stationers.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

7277

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13th
4. *Place of Birth, (Street and Number)* 195 Germain St
5. *Full Name of Mother,* Emma A. Manns
6. *Mother's Maiden Name,* = = Kenney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick A. Manns
9. *Father's Occupation,* Tin & Sheet Iron Worker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Selack

*Address,*

*Remarks,*

"Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS

72278

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 14th, 11:30 A. M.
4. *Place of Birth, (Street and Number)* N. 234 Columbia Ave.
5. *Full Name of Mother,* Elizabeth Briggs
6. *Mother's Maiden Name,* Emler
7. *Mother's Birthplace,* England
8. *Full Name of Father,* James Briggs
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto. City.

*Name of Medical Attendant,* or other Person who makes this Return, [signature]

*Address,* N. E. Cor Columbia Ave. & Fremont St.

*Remarks,* Still-birth —

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...on Murphy & Co. City Printers and Stationers

72279

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth,

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, June 14th. 6:15 A. M.
4. Place of Birth, (Street and Number) No. 9 Little Paca St.
5. Full Name of Mother, Catharine Decker,
6. Mother's Maiden Name, Acker,
7. Mother's Birthplace, New Jersey,
8. Full Name of Father, Nathan Decker,
9. Father's Occupation, Varnisher
10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return. Thos. S. Eldridge

Address, N. E. Cor. Columbia Ave. & Fremont St

Remarks, Child in good physical condition, living

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

72280

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 15th 1884
4. Place of Birth (Street and Number) #75 N High St
5. Full Name of Mother Appolonia Klug
6. Mother's Maiden Name " Hupp
7. Mother's Birthplace Maryland
8. Full Name of Father Wm J Klug
9. Father's Occupation Merchant
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Same J S Bolt M.D.

Address #134 N Exeter St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7 2 2 81

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Tenth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 15th
4. *Place of Birth, (Street and Number)* No 47 Penna Ave
5. *Full Name of Mother,* Annie Catherine Smith
6. *Mother's Maiden Name,* " " Haberkorn
7. *Mother's Birthplace,* Darmstadt (Germany)
8. *Full Name of Father,* Ferdinand Charles Smith
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return .....

*Address,* .....

*Remarks,* .....

.....

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

Y & CO., CITY PRINTERS AND STATIONERS.

72282

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, June 19th, 4:20 A.M.
4. Place of Birth, (Street and Number) No. 163 Dover St,
5. Full Name of Mother, Ellen Hagner,
6. Mother's Maiden Name, Gorman.
7. Mother's Birthplace, Ohio
8. Full Name of Father, George Hagner,
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other Person who makes this Return. [signature]

Address, N.E. Cor. Columbia Ave. & Remont St

Remarks, Child in good physical Condition, & living

[illegible] ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]hn Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 72283

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4 20
4. *Place of Birth, (Street and Number)* Ridel st near Belair Ave
5. *Full Name of Mother,* Mary Fugia
6. *Mother's Maiden Name,* Mary Malloy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno Fugia
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Brune

*Address,* No 6 Chester st near Belair

*Remarks,*

JOHN D. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

7 2 84

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21
4. *Place of Birth, (Street and Number)* Belair Ave
5. *Full Name of Mother,* Alice Myers
6. *Mother's Maiden Name,* Alice Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Myers
9. *Father's Occupation,* Car Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Burns

*Address,* No 2 Lester st near Belair

*Remarks,*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

72285

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 4th, 1884
4. *Place of Birth, (Street and Number)* 420 Hanover St
5. *Full Name of Mother,* Margaret E. Creager
6. *Mother's Maiden Name,* Walker
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Jeff. D. Creager
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return. Robert S. Rowe, M.D.

*Address,* 233 Light St

*Remarks,*

...born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

72286

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 6th " |
| 1. *Sex (state whether Male or ~~Female~~)* | Male. |
| 2. *Race or Color (if not of the white race)* | Colored. |
| 3. *Date of Birth* | June 6th 1884 |
| 4. *Place of Birth (Street and Number)* | 112 Uhlerone alley |
| 5. *Full Name of Mother* | Sophia Foreman |
| 6. *Mother's Maiden Name* | Sophia Jones. |
| 7. *Mother's Birthplace* | Calvert County |
| 8. *Full Name of Father* | Israel Foreman |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Kent Island |
| *Name of Medical Attendant, or other Person who makes this Return.* | Maigaret Wilson |
| *Address* | 142 Raborg St |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 72287

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPART... JUL 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 11, 1884 |
| 4. *Place of Birth, (Street and Number)* | 933 W. Baltimore |
| 5. *Full Name of Mother,* | Rita Aldridge |
| 6. *Mother's Maiden Name,* | Haskins |
| 7. *Mother's Birthplace,* | Washington D.C. |
| 8. *Full Name of Father,* | Herman Aldridge |
| 9. *Father's Occupation,* | Baker |
| 10. *Father's Birthplace.* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | John Howe |
| *Address,* | 594 W. Fayette |
| *Remarks,* | twin boy |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

NY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7 2288

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 12th 1884 |
| 4. *Place of Birth, (Street and Number)* | 248½ William St |
| 5. *Full Name of Mother,* | Ida E. Pickering |
| 6. *Mother's Maiden Name,* | Watkins |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | John Wm Pickering |
| 9. *Father's Occupation,* | Sash maker |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Robert S. Rowe, M.D |
| *Address,* | 333 Light St. |
| *Remarks,* | |

JOHN B. PIET, PRINTER & STATIONER, BALT.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 72289

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 19 June 1884 |
| 4. *Place of Birth, (Street and Number)* | 650 W. Lombard |
| 5. *Full Name of Mother,* | Carrie C. Coster |
| 6. *Mother's Maiden Name,* | Kraft |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | James H. Coster |
| 9. *Father's Occupation,* | House-Carpenter |
| 10. *Father's Birthplace.* | Calvert Co. Md |
| *Name of Medical Attendant,* or other Person who makes this Return | John Hood |
| *Address,* | 594 W. Fayette |
| *Remarks,* | very fine boy. |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...Y & CO., CITY PRINTERS AND STATIONERS

72290

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* Jany 19/84
4. *Place of Birth, (Street and Number)* 202 Madison Ave.
5. *Full Name of Mother,* Martha Martin
6. *Mother's Maiden Name,* Kraus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Martin
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Louise Kraft

*Address,* 61 Penna Ave.

*Remarks,*

[illegible] any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

72291

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 June 1884
4. Place of Birth, (Street and Number) 362 N. Eutaw
5. Full Name of Mother, Julia A Burley
6. Mother's Maiden Name, " " Frese
7. Mother's Birthplace, Md
8. Full Name of Father, Wm E Burley
9. Father's Occupation, minister
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return G Lane Tanyhill

Address, 219 Madison ave

Remarks,

T & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 1 92

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 22nd 1884 |
| 4. *Place of Birth, (Street and Number)* | 257 William |
| 5. *Full Name of Mother,* | Carrie E. Batchler |
| 6. *Mother's Maiden Name,* | Brown |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | Geo. W. Batchler |
| 9. *Father's Occupation,* | Chemist |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Robert S. Lowry M.D. |
| *Address,* | 333 Light St. |
| *Remarks,* | |

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

72293

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother,* (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* 6th June 1884
4. *Place of Birth,* (*Street and Number*) #166. Hollins St
5. *Full Name of Mother,* Anne Maria Bishop
6. *Mother's Maiden Name,* " " Dixon
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Robt F. Bishop
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Bach

*Name of Medical Attendant,* or other Person who makes this Return — Geo Hopkins

*Address,* 1 Waverly Terrace

*Remarks,*

"Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. C. GOLANT & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72294

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.)~~*

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (if not of the white ~~race~~)*
3. *Date of Birth,* 19th June
4. *Place of Birth, (Street and Number)* 25 N Arlington Ave
5. *Full Name of Mother,* Emma Burke
6. *Mother's Maiden Name,* " Norwood
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm F. Burke
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return Geo H Epstein

*Address,* 1 Waverly Terrace

*Remarks,*

... stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

72295

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 4 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th of June
4. *Place of Birth, (Street and Number)* 14 Payson st
5. *Full Name of Mother,* Kate Hannie
6. *Mother's Maiden Name,* Kate Whiteman
7. *Mother's Birthplace,* Hadons Ville
8. *Full Name of Father,* Antonia Hannie
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return M J Lemon

*Address,* 36 Frederick ave

*Remarks,* Fine healthy child

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

72296

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 4 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 19th of June

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th of July
4. *Place of Birth, (Street and Number)* 886 W Pratt St
5. *Full Name of Mother,* Maggie Mouselle
6. *Mother's Maiden Name,* Maggie Montagne
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles H Mouselle
9. *Father's Occupation,* Pipe Moulder
10. *Father's Birthplace,* Richmond Va.

*Name of Medical Attendant,* or other Person who makes this Return M. J. Leman

*Address,* 36 Frederick Ave

*Remarks,* Fine Healthy Child

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

77197

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of June
4. Place of Birth, (Street and Number) 886 N. Baltimore st
5. Full Name of Mother, Laura Bratenis
6. Mother's Maiden Name, Laura Hall
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Johny Bratenis
9. Father's Occupation, Candy maker at Hartz
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return H. J. Lemmon

Address, 36 Frederick ave

Remarks, Johny little baby

& CO., CITY PRINTERS AND STATIONERS.

72298

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth C

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 22 1884
4. *Place of Birth, (Street and Number)* 202 Lakare St
5. *Full Name of Mother,* Kate Gammie
6. *Mother's Maiden Name,* " Stedman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Gammie
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Regina D. Martin

*Address,* 186 Harford Ave

*Remarks,*

parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, etc. to be recovered as other fines and penalties are recoverable.

phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 72299

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL
3
1884
BALTIMORE

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22 June 1884 |
| 4. *Place of Birth, (Street and Number)* | 22 Robinson street |
| 5. *Full Name of Mother,* | Mary Segelein |
| 6. *Mother's Maiden Name,* | Mary Seldmyer |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Joseph Segelein |
| 9. *Father's Occupation,* | Candy maker |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Sarah Sellers |
| *Address,* | 104 Burley street |
| *Remarks,* | |

& CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 72300

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 22 1894
4. *Place of Birth, (Street and Number)* 104 N. Paca St.
5. *Full Name of Mother,* Ida Gantner
6. *Mother's Maiden Name,* Crue
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Geo Gantner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return D. L. Sprecher

*Address,* 387 W. Lombard St

*Remarks,*

JUL 1 1894 BALTIMORE

& CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72301

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 4 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (~~state whether male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23rd June 1884
4. *Place of Birth, (Street and Number)* #178 Malhom St
5. *Full Name of Mother,* Mary E Bland
6. *Mother's Maiden Name,* " " Boyd
7. *Mother's Birthplace,* Va
8. *Full Name of Father.* Jno B Bland
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Va

*Name of Medical Attendant,* or other Person who makes this Return Geo H Kaplan

*Address,* # 1 Waverly Terrace

*Remarks.*

...born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

72302

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 23 1884
4. Place of Birth, (Street and Number) 217 N Wolfe St
5. Full Name of Mother, Hall
6. Mother's Maiden Name, Kate I Buchanan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry B Buchanan
9. Father's Occupation, Salesman
10. Father's Birthplace, Bermuda

Name of Medical Attendant, or other Person who makes this Return Mary A Mowell

Address, 286 N Longh st

Remarks,

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & SON, CITY PRINTERS AND STATIONERS.

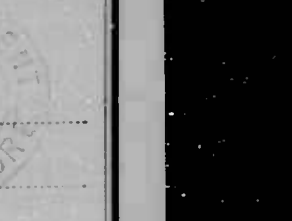
72306

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE



*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* withe
3. *Date of Birth,* 23 June
4. *Place of Birth, (Street and Number)* Sterrett Street 83.
5. *Full Name of Mother,* Louise Schweikart
6. *Mother's Maiden Name,* Louise Bunge
7. *Mother's Birthplace,* Prenzlau (Prussia)
8. *Full Name of Father,* Carl Berthold Schweikart
9. *Father's Occupation,* Piano maker
10. *Father's Birthplace,* Berlin (Prussia)

*Name of Medical Attendant,* or other Person who makes this Return Emilie Bunge

*Address,*

*Remarks,*

...within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72304

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23 1924
4. *Place of Birth, (Street and Number)* 30 Lemmon St
5. *Full Name of Mother,* Maggie Eckle
6. *Mother's Maiden Name,* Flaky
7. *Mother's Birthplace,* Frederick
8. *Full Name of Father,* Adam Eckle
9. *Father's Occupation,* Rectifier of Spirits
10. *Father's Birthplace* Cumberland Md

*Name of Medical Attendant,* or other Person who makes this Return D. L. Shuster

*Address,* 387 W. Lombard St

*Remarks,*

HEALTH DEPARTMENT JUL 24 BALTIMORE

CO., CITY PRINTERS AND STATIONERS

72305

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| 1. *Sex, (state whether male or female)* | Girl child |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 23rd 1884 |
| 4. *Place of Birth, (Street and Number)* | 65 Patuxent St |
| 5. *Full Name of Mother,* | Julia Gambrill |
| 6. *Mother's Maiden Name,* | Julia Buckley |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Daniel Gambrill |
| 9. *Father's Occupation,* | Deck hand on Patapsco Cutter |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs R. H. Garrett |
| *Address,* | No 65 Buckley |
| *Remarks,* | |

Y & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72306

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 1 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 23rd 1884 |
| 4. *Place of Birth, (Street and Number)* | # 85 E. Lombard St |
| 5. *Full Name of Mother,* | Hermania Bagnall |
| 6. *Mother's Maiden Name,* | Hermania Meyer |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Robt G. Bagnall |
| 9. *Father's Occupation,* | Salesman |
| 10. *Father's Birthplace.* | Scotland |
| *Name of Medical Attendant,* or other Person who makes the Return | Saml. F. Cowell M.D. |
| *Address,* | 29 Aisquith Street |
| *Remarks,* | |

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

72307

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9 d,

1. *Sex, (state whether male or female)* Mädchen
2. *Race or Color, (if not of the white race)* weiss
3. *Date of Birth,* 23 ten Juni Abend 8 Uhr
4. *Place of Birth, (Street and Number)* Madison Street 235
5. *Full Name of Mother,* Celine Katz
6. *Mother's Maiden Name,* Celine Nordhäuser
7. *Mother's Birthplace,* Germany / Wüstensachsen /
8. *Full Name of Father,* Baruch Katz
9. *Father's Occupation,* Kaufmann
10. *Father's Birthplace,* Germany / Horsfeld /

*Name of Medical Attendant,* or other Person who makes this Return. Johanna Grube Lebamme

*Address,* Biddelstr 103

*Remarks,*

[illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible] Murphy & Co., City Printers and Stationers.

72308

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6,

1. Sex, (state whether male or female) Mädchen
2. Race or Color, (if not of the white race) weiss
3. Date of Birth, d. 23t Juni Nachmittag 3 Uhr
4. Place of Birth, (Street and Number) 376 Waschington Street 376.
5. Full Name of Mother, Anna Eifel
6. Mother's Maiden Name, Anna Wirth
7. Mother's Birthplace, Deutschland / Baden /
8. Full Name of Father, Heinrich Eifel
9. Father's Occupation, Bäcker
10. Father's Birthplace, Germany Anersback / Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return. Johanna Grube Hebeamme

Address. Biddelstr 107.

Remarks,

[illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

72309

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth. June the 23 1884

4. Place of Birth, (Street and Number) Lemon St No 19

5. Full Name of Mother, Bridget Mcmurtery

6. Mother's Maiden Name, Bridget Shanks

7. Mother's Birthplace, ireland

8. Full Name of Father, Martin Mcmurtery

9. Father's Occupation, Laber

10. Father's Birthplace, ireland

Name of Medical Attendant, or other Person who makes this Return Mrs E Kelly

Address. No 797 Balt St

Remarks.

any name shall have been omitted,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A. WM., CITY PRINTERS AND STATIONERS.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

7310

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* June. 23. 1884
4. *Place of Birth, (Street and Number)* Centre st
5. *Full Name of Mother,* Sarah. Lewi
6. *Mother's Maiden Name,* Sarah. Lee.
7. *Mother's Birthplace,* Merland.
8. *Full Name of Father,* Vincent Lewi
9. *Father's Occupation,* Porter.
10. *Father's Birthplace,* Washington.

*Name of Medical Attendant,* or other Person who makes this Return — Charity Jones

*Address,* No 79 Hargrove. Alley.

*Remarks,*

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

72311

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 23 7 8 84
4. *Place of Birth, (Street and Number)* [illegible] 138
5. *Full Name of Mother,* Mary [illegible] Dias
6. *Mother's Maiden Name,* Mary [illegible] Brown
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* Miriam Bias
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Annapolis Md

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* 252 [illegible]

*Remarks,*

bern, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

72312

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* Suny 24/84
4. *Place of Birth, (Street and Number)* 217 Bethelstreet
5. *Full Name of Mother,* Minnie Duken
6. *Mother's Maiden Name,* Ryeine
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* Thomas Duken
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Irland.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Louise Kraft

*Address,* 61 Penna Ave.

*Remarks,*

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

72313

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3a |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 24 1884 |
| 4. *Place of Birth, (Street and Number)* | 46 Warren av |
| 5. *Full Name of Mother,* | Josephine McCalister |
| 6. *Mother's Maiden Name,* | Josephine Dorn |
| 7. *Mother's Birthplace,* | Washington D.C |
| 8. *Full Name of Father,* | Robt McCalister |
| 9. *Father's Occupation,* | Commission Merchant |
| 10. *Father's Birthplace.* | Delaware |
| *Name of Medical Attendant,* or other Person who makes this Return | C. B. Noble, Mrs |
| *Address,* | 50 Warren av |
| *Remarks,* | |

... born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A. CO., CITY PRINTERS AND STATIONERS

7231 11

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 June
4. *Place of Birth, (Street and Number)* Eden b Wasan
5. *Full Name of Mother,* Lizzie Darty
6. *Mother's Maiden Name,* Conly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Darty
9. *Father's Occupation,* Boatman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72 E. Lombard

*Remarks,*

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T. & CO., CITY PRINTERS AND STATIONERS.

72316

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 24 – 1884 |
| 4. *Place of Birth, (Street and Number)* | 214 Ridgely St. |
| 5. *Full Name of Mother,* | Jenny Rann |
| 6. *Mother's Maiden Name,* | " Carting |
| 7. *Mother's Birthplace,* | Prussia |
| 8. *Full Name of Father,* | Geo. Rann. |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Prussia |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Koch |
| *Address,* | 325 South Eutaw St. |
| *Remarks,* | |

any name shall have been omitted, the sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

77316

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 1 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 24 June 84
4. Place of Birth, (Street and Number) 158 Orleans st
5. Full Name of Mother, Hennie Worruse
6. Mother's Maiden Name, Harsfeld
7. Mother's Birthplace, Hessian Germany
8. Full Name of Father, Sigmund Worruse
9. Father's Occupation, Liquor Dealer
10. Father's Birthplace, Baden Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Rulbig

Address, 148 Hollins st

Remarks, Samuel Worruse

any name shall have been omitted, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& SON, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72317

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 1 1884 BALTIMORE

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9"

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24" 1884
4. *Place of Birth, (Street and Number)* 379 S. Eutaw St
5. *Full Name of Mother,* Annie M. McGeehan
6. *Mother's Maiden Name,* Cooke
7. *Mother's Birthplace,* Balto- Md
8. *Full Name of Father,* Ed. J. McGeehan
9. *Father's Occupation,* Employee of Harlem Stove Co.,
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant,* or other Person who makes this Return Chas. D. Smith M.D.

*Address,* 158 Hanover St.

*Remarks,*

CO., CITY PRINTERS AND STATIONERS

72318

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 24th 1884
4. *Place of Birth, (Street and Number)* No. 219 William st.
5. *Full Name of Mother,* Elisabeth Wiesner
6. *Mother's Maiden Name,* Stoffle
7. *Mother's Birthplace,* America
8. *Full Name of Father,* John Wiesner
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* America

*Name of Medical Attendant,* or other Person who makes this Return J. Schwasser midwife

*Address,* 330 Hanover st.

*Remarks,*

[illegible] place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

72319

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* " 25 June
4. *Place of Birth, (Street and Number)* 180 Dover st
5. *Full Name of Mother,* Mary Hardy
6. *Mother's Maiden Name,* Mary Brant
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Michael Hardy
9. *Father's Occupation,* Basket maker
10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return Mrs Sabach

*Address,*

*Remarks,*

"Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

72320

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth (5) |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 208 Harford Ave |
| 4. *Place of Birth, (Street and Number)* | June 25 1884 |
| 5. *Full Name of Mother,* | Kate Gladson |
| 6. *Mother's Maiden Name,* | " Talbott |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Charles F. Gladson |
| 9. *Father's Occupation,* | Bricklayer |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Regina A. Winter |
| *Address,* | 186 Harford Ave |
| *Remarks,* | |

shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& Co., City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 25 – 84. |
| 4. *Place of Birth, (Street and Number)* | 100 Burgundy Alley. |
| 5. *Full Name of Mother,* | Maria Meyer |
| 6. *Mother's Maiden Name,* | Berke |
| 7. *Mother's Birthplace,* | Prussia |
| 8. *Full Name of Father,* | Fred Meyer |
| 9. *Father's Occupation,* | Moulder |
| 10. *Father's Birthplace,* | Prussia |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Koch |
| *Address,* | 328 South Eutaw St |
| *Remarks,* | |

place of its birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall be guilty of a wilful failure to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

72322

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 June
4. *Place of Birth, (Street and Number)* 627 High st.
5. *Full Name of Mother,* Willhelm. Hessnour
6. *Mother's Maiden Name,* Hackmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Leonard Hessnour
9. *Father's Occupation,* Grocerystore
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

79393

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 25 1884
4. *Place of Birth, (Street and Number)* 59 Liberty
5. *Full Name of Mother,* Mary Byrne
6. *Mother's Maiden Name,* Mary Mick
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Byrne
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Mrs A Messenger

*Address,* 366 Pennsylvania

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A CO., CITY PRINTERS AND STATIONERS.

72324

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address,* [illegible]

*Remarks,*

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 72325

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9th June 1884
4. *Place of Birth, (Street and Number)* 10 Warren av
5. *Full Name of Mother,* Virginia Kirkwood
6. *Mother's Maiden Name,* Dunmaker
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Augustus Kirkwood
9. *Father's Occupation,* Grocer
10. *Father's Birthplace.* Balt

*Name of Medical Attendant,* or other Person who makes this Return H. W. Webster Jr

*Address,* 57 Barrett

*Remarks,*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 77396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th June
4. *Place of Birth, (Street and Number)* 18 S. Chester
5. *Full Name of Mother,* Ruth Glenn
6. *Mother's Maiden Name,* Wagner
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Benjamin Glenn
9. *Father's Occupation,* Wharf & Bridge builder
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return E. P. Irons M.D.

*Address.* 375 E. Balto St.

*Remarks,*

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

72327

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12th

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible] 21st 1884
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address,* [illegible]

*Remarks,*

[illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

72328

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

*Remarks,*

compensation between the first and third day of each and every month to the Clerk of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 7 1329

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23rd June 1884
4. *Place of Birth, (Street and Number)* 89 Warner
5. *Full Name of Mother* Sarah Hacker
6. *Mother's Maiden Name,* Hindman
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John Hacker
9. *Father's Occupation,* Engineer
10. *Father's Birthplace.* Balt

*Name of Medical Attendant,* or other Person who makes this Return J W Webster

*Address,* 57 Barre

*Remarks,*

CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

72330

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

*Remarks,*

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

72331

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22th of June
4. Place of Birth, (Street and Number) 492 Canton Ave.
5. Full Name of Mother, Christina Bechtold
6. Mother's Maiden Name, Christina Bauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Bechtold
9. Father's Occupation, Engineere
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Willy

Address, No 12 Patterson Park av

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

77332

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 1864
4. Place of Birth, (Street and Number) 5 fountain St
5. Full Name of Mother, Esther Eisar
6. Mother's Maiden Name, Cole
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Eisar
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park-ave

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A. CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 11-28-89 72333

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name of Child: Mary J. ~~Beatley~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 1884
4. Place of Birth, (Street and Number) 1810 Patterson Park av
5. Full Name of Mother, Mary (~~Beatley~~) Beatley
6. Mother's Maiden Name, Dickerson
7. Mother's Birthplace, Mount Savage Somerset
8. Full Name of Father, William (~~Beatley~~) Beatley
9. Father's Occupation, Copper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park av

Remarks.

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72334

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

DEPT OF HEALTH
JUN 30 1894
BALTIMORE

of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | Colored |
| 3. *Date of Birth* | June 25 630 o'clock pm 94 |
| 4. *Place of Birth (Street and Number)* | Hargroveale No 75 |
| 5. *Full Name of Mother* | gorgeanner Holley |
| 6. *Mother's Maiden Name* | gorgeanner Wartis |
| 7. *Mother's Birthplace* | Baltimore md |
| 8. *Full Name of Father* | Wm J. Holley |
| 9. *Father's Occupation* | Drayman |
| 10. *Father's Birthplace* | Baltimore md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mrs Sofier Johnson |
| *Address* | No 92 St paul St ~~No 92 St paul St~~ |
| *Remarks* | |

72335

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th June 1884
4. *Place of Birth, (Street and Number)* Dewberry Alley No 30
5. *Full Name of Mother,* Anne Elizabeth Crocken
6. *Mother's Maiden Name,* " " Snoops
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Daniel ~~Snoo~~ Crocken
9. *Father's Occupation,* Fish Dealer
10. *Father's Birthplace,* Baltimore City Md

*Name of Medical Attendant,* or other Person who makes this Return

*Address,*

*Remarks,*

...ing days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A CO., CITY PRINTERS AND STATIONERS

12336

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT. JUL 2 1894 BALTIMORE MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 26 June 94 |
| 4. *Place of Birth, (Street and Number)* | 3 Mulligan str |
| 5. *Full Name of Mother,* | Adelheid Wolf |
| 6. *Mother's Maiden Name,* | Adelheid Cissel |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Frank Wolf |
| 9. *Father's Occupation,* | Druggist |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant.* or other Person who makes this Return | Mrs R Kelly |
| *Address,* | |
| *Remarks,* Frank Wolf | 48 Hollins st |

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

72337

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* June the 26
4. *Place of Birth, (Street and Number)* Baltimore Clement St No 28
5. *Full Name of Mother,* Martha Jane Harmon
6. *Mother's Maiden Name,* Council
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Maurice Harmon
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Elisabeth Hathorn

*Address,* William St No 374

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

72338

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 26th
4. *Place of Birth, (Street and Number)* No. 32 Covington Street
5. *Full Name of Mother,* Miss A. Delia Meyers
6. *Mother's Maiden Name,* " " " " Connelly
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* Mr. John Christian Meyers
9. *Father's Occupation,* Glass Cutter
10. *Father's Birthplace,* Baltimore. M. D.

*Name of Medical Attendant,* or other Person who makes this Return Käthrin Münch

*Address,* 1 Leadenhall St

*Remarks,*

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

A. CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

72339

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 2 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 26th |
| *4. Place of Birth (Street and Number)* | 44 Parkin St. |
| *5. Full Name of Mother* | Lucy Snavely |
| *6. Mother's Maiden Name* | Prevost |
| *7. Mother's Birthplace* | Montreal Canada. |
| *8. Full Name of Father* | George. T. Snavely |
| *9. Father's Occupation* | Laborer |
| *10. Father's Birthplace* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. W. Webyer M.D. |
| *Address* | 298 W Lombard St. |
| *Remarks* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72310

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, June 26th 84
4. Place of Birth, (Street and Number) 312 W Fayette St.
5. Full Name of Mother, Helen M L Geard
6. Mother's Maiden Name, Helen M. L. ~~Geard~~ Geard
7. Mother's Birthplace, Buffalo, N.Y.
8. Full Name of Father, Samuel H. Geard
9. Father's Occupation, Prof Teacher
10. Father's Birthplace, Dinwiddie Co, Va

Name of Medical Attendant, or other Person who makes this Return — John L. H. Geard, Md.

Address, 953 Lexington St

Remarks,

A. COL., CITY PRINTERS AND STATIONERS.

72341

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1 1924 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* weiss
3. *Date of Birth,* d. 26 t. Juni 1 Uhr Nachts
4. *Place of Birth, (Street and Number)* Nord Wolfstr 23
5. *Full Name of Mother,* Rösh Gralley
6. *Mother's Maiden Name,* Röth Harth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Gralley
9. *Father's Occupation,* Barbier
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return, Johanna Grube Inbrunn

*Address,* 103 Biddelstr 103

*Remarks,* der Boy Name Henry Gralley

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

7234

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 1 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 26 1884 |
| 4. *Place of Birth, (Street and Number)* | 160 Chestnut st |
| 5. *Full Name of Mother,* | Mary Howes |
| 6. *Mother's Maiden Name,* | J Schultz |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Edward Howes |
| 9. *Father's Occupation,* | Printer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Otto Rulloff |
| *Address,* | |
| *Remarks,* | 178 Hollins |

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& SON, CITY PRINTERS AND STATIONERS.

72343

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 27/84
4. *Place of Birth, (Street and Number)* 32 S. Pippleton St.
5. *Full Name of Mother,* Jennie F. Krise
6. *Mother's Maiden Name,* " " Gesell
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Geo. Krise
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* H. L. Spicer Mr

*Remarks,* 387 W Lombard St.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

72344

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 June
4. Place of Birth, (Street and Number) 1 Lombard
5. Full Name of Mother, Carrie Segel
6. Mother's Maiden Name, Eckardt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank. J. Segel
9. Father's Occupation, Liquor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 12. E. Lombard

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

72345

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* June 27 / 1884
4. *Place of Birth, (Street and Number)* [illegible] Baltimore. 88 ann. St
5. *Full Name of Mother,* Sarah Giles
6. *Mother's Maiden Name,* Sarah Hiliard
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Samel Giles
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Lucinda Woolford

*Address,* 130. Regester St

*Remarks,*

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

72346

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUN 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd child

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 19/1884
4. *Place of Birth (Street and Number)* No. 509 E. Eager St
5. *Full Name of Mother* Lillian May Disney
6. *Mother's Maiden Name* Wharton
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* George Disney
9. *Father's Occupation* Plasterer
10. *Father's Birthplace* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. Francis A. Lauck M.D.

*Address* 105 N. Central Ave

*Remarks* Instrumental Labor.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72347

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 5 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Male
3. *Date of Birth,* 25th of June
4. *Place of Birth, (Street and Number)* 48 N. Patterson Park Ave
5. *Full Name of Mother,* Lucy E. Greene
6. *Mother's Maiden Name,* Lucy E. Rapp,
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Samuel G. Greene,
9. *Father's Occupation,* Iron Moulder,
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return Susan Morgan

*Address,* 47 Durham Street

*Remarks,*

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

77348

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
5
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~June 25th 1884~~ June 25th 1884
4. *Place of Birth (Street and Number)* 108 Lodt St
5. *Full Name of Mother* Sarah Reyner
6. *Mother's Maiden Name* Ostrichan
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Reyner
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Francis A. Sauer M.D.

*Address* 105 N. Central Ave

*Remarks*

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

7 2349

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June 29 |
| 4. *Place of Birth (Street and Number)* | 296 E. Madison St. |
| 5. *Full Name of Mother* | Clara N Sumwalt |
| 6. *Mother's Maiden Name* | " " Conner |
| 7. *Mother's Birthplace* | Frederick Md. |
| 8. *Full Name of Father* | Thos Sumwalt. |
| 9. *Father's Occupation* | Telegraphist |
| 10. *Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant, or other Person who makes this Return* | Lydia ann Conner |
| *Address* | 296 E. Madison St. |
| *Remarks* | |

*Above at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

72350

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT SEP 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 June
4. *Place of Birth, (Street and Number)* 237 Forest
5. *Full Name of Mother,* Annie Greger
6. *Mother's Maiden Name,* Murray
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Greger
9. *Father's Occupation,* Actress
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 92. E. Lombard

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

72351

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

any name shall have been so entered), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | colored |
| 3. *Date of Birth,* | june 27th |
| 4. *Place of Birth, (Street and Number)* | no 93 dover st |
| 5. *Full Name of Mother,* | anna holden |
| 6. *Mother's Maiden Name,* | anna holden |
| 7. *Mother's Birthplace,* | colbert county |
| 8. *Full Name of Father,* | walter smith |
| 9. *Father's Occupation,* | labour |
| 10. *Father's Birthplace,* | aca mack va |
| *Name of Medical Attendant,* or other Person who makes this Return | mrs Lydia Porter |
| *Address,* | no 4 Paptsco avenue |
| *Remarks,* | healthy child |

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72352

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUL 1
1884
BALTIMORE

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 June 1884
4. Place of Birth, (Street and Number) 12 E Fayette st
5. Full Name of Mother, Kate Mitchell
6. Mother's Maiden Name, Baker
7. Mother's Birthplace, Balto
8. Full Name of Father, Josiah Mitchell
9. Father's Occupation, Baker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return — Wm R Ulbey

Address, 48 Holliday st

Remarks,

T & CO., CITY PRINTERS AND STATIONERS.

72313

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 27. 84
4. *Place of Birth, (Street and Number)* 289 Pratt st
5. *Full Name of Mother,* Josephine Opanner
6. *Mother's Maiden Name,* Lesh
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Peter Opanner
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs R Ulbig

*Remarks,* 48 Holland St

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

72354

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1 1894 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 27 June
4. *Place of Birth, (Street and Number)* 157 Ensor street
5. *Full Name of Mother,* Magie Zeller
6. *Mother's Maiden Name,* — Wehr
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Simon Zeller
9. *Father's Occupation,* barber
10. *Father's Birthplace,* Ellenbach Hessen Darmstadt

*Name of Medical Attendant,* or other Person who makes this Return Anna Walter

*Address,* 239 E. Eager street

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

12355

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 27 th 1894

4. Place of Birth, (Street and Number) No 112 York st

5. Full Name of Mother, Catharine Timm

6. Mother's Maiden Name, Anders

7. Mother's Birthplace, Germany

8. Full Name of Father, William J Timm

9. Father's Occupation, Storekeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J Lohmayer midwife

Address, 330 Hanover st

Remarks,

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recovered.

T & CO., CITY PRINTERS AND STATIONERS.

77356

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 27 1884

4. Place of Birth, (Street and Number) No. 297½ Hamburg st

5. Full Name of Mother, Mary O. Nicol

6. Mother's Maiden Name, Zimmer

7. Mother's Birthplace, America

8. Full Name of Father, Henry O. Nicol

9. Father's Occupation, Shoemaker

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

72357

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* ——
3. *Date of Birth,* June 27th 1884.
4. *Place of Birth, (Street and Number)* 88 Hill St.
5. *Full Name of Mother,* Mary Hickman.
6. *Mother's Maiden Name,* " Romaser.
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* John Hickman.
9. *Father's Occupation,* Carver.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. R. J. H. Tall. M. D.

*Address,* 152 Sharp. St

*Remarks,*

...ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

72318

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) One

1. *Sex,* (state whether male or female) Female
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* 6/27 - 84
4. *Place of Birth,* (Street and Number) 161 W. Lombard st
5. *Full Name of Mother,* Maggie Young
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* N Y
8. *Full Name of Father,* Don't Know
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

*Name of Medical Attendant,* or other Person who makes this Return W. C. Chapman M.D.

*Address,* #161 W. Lombard St.

*Remarks,*

T. & Co., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72359

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2. Child

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 28th 1884.
4. *Place of Birth, (Street and Number)* No. 54. S. Schroeder St.
5. *Full Name of Mother,* Trease. Opman.
6. *Mother's Maiden Name,* " Ghemery.
7. *Mother's Birthplace,* Catonsville
8. *Full Name of Father,* George. Opman.
9. *Father's Occupation,* Boilermaker.
10. *Father's Birthplace.* Catonsvil.

*Name of Medical Attendant,* or other Person who makes this Return Anne Lindner

*Address,* No. 45. S. Monroe St.

*Remarks,*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

72360

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28th 1884
4. *Place of Birth, (Street and Number)* No 58 Lombard St
5. *Full Name of Mother,* Catherine Seit
6. *Mother's Maiden Name,* " " Frederich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Seit
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophia Siemon

*Address,* No 70 Granby St.

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

72361

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~)*

*1. Sex (~~state whether~~ Male ~~or Female~~)*

*2. Race or Color (if not of the white race)* Colrd

*3. Date of Birth* June 28th 1884

*4. Place of Birth (Street and Number)* 120 Gaspee st.

*5. Full Name of Mother* Mary Matilda Hackett

*6. Mother's Maiden Name* Jones

*7. Mother's Birthplace* Balto. Md.

*8. Full Name of Father* Moses Hackett

*9. Father's Occupation* Laborer

*10. Father's Birthplace* Md.

*Name of Medical Attendant, or other Person who makes this Return.* J Kingsley M.D.

*Address* 152½ N. Eutaw St.

*Remarks*

7236

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June, 28. 1884
4. Place of Birth, (Street and Number) Baltimore #71 East, Madison, St
5. Full Name of Mother, Mrs Elizabeth Metz
6. Mother's Maiden Name, Miss Elizabeth Ryland
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Caloin Metz
9. Father's Occupation, Conducter W. M. R.R.
10. Father's Birthplace, Johnsville, Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return Mrs Wooden

Address, ~~# 71 East Madison St, City~~

~~Parents~~, Address # 120 Gorrmount Avenue

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

72363

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28 - 84
4. *Place of Birth, (Street and Number)* 183 Columbia Ave
5. *Full Name of Mother,* Elizabeth Dill
6. *Mother's Maiden Name,* Hapemer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. Dill
9. *Father's Occupation,* Cabinet Maker
10. *Father's Birthplace,* Prussia

*Name of Medical Attendant,* or other Person who makes this Return Mary Kroh

*Address,* 328 South Eutaw St.

*Remarks,*

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7 2364

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 14th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* June 28th 84
4. *Place of Birth (Street and Number)* No. 10 Knight st.
5. *Full Name of Mother* Mary Tibbs
6. *Mother's Maiden Name* Mary Galloway
7. *Mother's Birthplace* Frederick City Md.
8. *Full Name of Father* Charles Tibbs
9. *Father's Occupation* Porter
10. *Father's Birthplace* Balto. City

*Name of Medical Attendant, or other Person who makes this Return.* F. W. Gardner

*Address* 120 N. Greene St.

*Remarks*

*advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 72365

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* nine head

1. *Sex, (state whether male or female)* feumale
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth,* June 28 - 1884
4. *Place of Birth, (Street and Number)* 9 Clarard ale
5. *Full Name of Mother,* Clorrar Jones
6. *Mother's Maiden Name,* Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tomar Jones
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,* 105 freemont st Jonel Dixson

*Remarks,*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HN B. PIET, PRINTER & STATIONER, BALT.

72366

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 28th of June 1884
4. Place of Birth, (Street and Number) No 119 Parker St
5. Full Name of Mother, Kate Schen
6. Mother's Maiden Name, Kate Hoffman
7. Mother's Birthplace, Germany
8. Full Name of Father, Phillip Schen
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Bath[illegible] Munch

Address, 1 [illegible] St

Remarks,

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

72367

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 1 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | June 28, 1884 |
| 4. *Place of Birth, (Street and Number)* | 89 Moores Alley |
| 5. *Full Name of Mother,* | Cynthia Garrett |
| 6. *Mother's Maiden Name,* | Cyntha Johnson |
| 7. *Mother's Birthplace,* | Parkersburg West Virginia |
| 8. *Full Name of Father,* | Daniel Garrett |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Charlotte Goldsborough |
| *Address,* | 89 Moores Alley |
| *Remarks,* | |

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

72368

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th of June 1884.
4. *Place of Birth, (Street and Number)* 47 South Wolf Street.
5. *Full Name of Mother,* Mary Block.
6. *Mother's Maiden Name,* Mary Soure.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Soure.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel.

*Address,* 11 North Chapel Street per Justina Kunkel.

*Remarks,* Healthy.

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

72369

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 29th June 1884
4. *Place of Birth, (Street and Number)* 201 Oregon street.
5. *Full Name of Mother,* Caroline Fox
6. *Mother's Maiden Name,* Carolina Amos
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Amos
9. *Father's Occupation,* Ice Dealer.
10. *Father's Birthplace.* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Sabach

*Address,*

*Remarks,*

HEALTH DEPARTMENT JUL 8 1884 BALTIMORE.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

72370

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th (Fourth)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29th 1884
4. *Place of Birth, (Street and Number)* N.E. Corner of Eager & Arnolds
5. *Full Name of Mother,* Mary Jane Smyth
6. *Mother's Maiden Name,* " " Higgins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Smyth
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Richmond Va

*Name of Medical Attendant,* or other Person who makes this Return James E. Whitefordt M.D.

*Address,* 195 Airgrith St

*Remarks,*

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

77371

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~)* 7

1. *Sex (~~state whether Male or Female~~)* Female
2. *Race or Color (if not of the white race)* Colrd
3. *Date of Birth* June 29th 1884
4. *Place of Birth (Street and Number)* 76 Union St
5. *Full Name of Mother* Praccella Ireland
6. *Mother's Maiden Name* " Adams
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* George Ireland
9. *Father's Occupation* Coachmen
10. *Father's Birthplace* Maryland

*Name of Medical Attendant, or other Person who makes this Return.* J. Hinging M.D.

*Address* 152½ N. Eutaw St

*Remarks*

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 72372

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 29/14
4. *Place of Birth, (Street and Number)* 31 N Lombard St
5. *Full Name of Mother,* Ida Fisher
6. *Mother's Maiden Name,* Stivers
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Geo Fisher
9. *Father's Occupation,* Conductor B & O R.R.
10. *Father's Birthplace,* Frederick Md

*Name of Medical Attendant,* or other Person who makes this Return H. L. Griffith

*Address,* 307 N Lombard St

*Remarks,*

CO., CITY PRINTERS AND STATIONERS

72373

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male JESSE
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 29/84
4. *Place of Birth, (Street and Number)* 118 So. Bond
5. *Full Name of Mother,* Bettie Hecht
6. *Mother's Maiden Name,* " Myer
7. *Mother's Birthplace,* Bcl
8. *Full Name of Father,* Myer Hecht
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Bcl

*Name of Medical Attendant,* or other Person who makes this Return G. L. Wirstein

*Address,* 77 So. Broadway

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30 June
4. *Place of Birth, (Street and Number)* 28 Lombard
5. *Full Name of Mother,* Sarah Edwards
6. *Mother's Maiden Name,* Tarsher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred Edwards
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

72375

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL
2
1934
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | June 30th |
| 4. *Place of Birth (Street and Number)* | 197 S. Fremont St. |
| 5. *Full Name of Mother* | Emeline Eliza Franklin |
| 6. *Mother's Maiden Name* | Gray |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | Benjamin Peacock Franklin |
| 9. *Father's Occupation* | Letter Carrier |
| 10. *Father's Birthplace* | Baltimore |
| *Name of Medical Attendant, or other Person who makes this Return.* | H. W. Webner M.D. |
| *Address* | 298 W. Lombard St. |
| *Remarks* | |

77376

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te Child

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, June the 29. 1884
4. Place of Birth, (Street and Number) N. Bond St. № 30.
5. Full Name of Mother, Wilhelmine Drewanz
6. Mother's Maiden Name, Wilhelmine Bartke
7. Mother's Birthplace, Friedrichshorst Pr Preussen Germany
8. Full Name of Father, Michael Drewanz
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Lotzia Pr. Preussen Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. № 26

Remarks, .....

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Y & CO., CITY PRINTERS AND STATIONERS.

12377

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) "

3. Date of Birth, June 30/84

4. Place of Birth, (Street and Number) 360 Penna Ave

5. Full Name of Mother, Annie Bretz Winkler

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, John Bretz

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Klaft.

Address, 61 Penna Ave.

Remarks,

---

If any child born in the city of Baltimore, after the first day of July, 1875, be still born, or die within ten days after birth, the same shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the attending physician, midwife, or other person present at the birth, within twenty-four hours after the occurrence of such still birth or death, and a certificate of the cause of such still birth or death shall be given by the physician, midwife, or other person present at the birth, to the parent or parents, or other person having charge of such child, who shall present the same to the undertaker employed to bury the body of such child, before the burial thereof; and no undertaker shall bury the body of any child without such certificate, under the penalty of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Every child born in the city of Baltimore, after the first day of July, 1875, shall be registered, and a certificate of such registry shall be procured from the Registrar of Vital Statistics, Board of Health, Baltimore City, by the parent or parents, or other person having charge of such child, before the same can be baptized. The full name of each child to any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

72378

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 2. 84.
4. *Place of Birth, (Street and Number)* N. Wolfstr No 12
5. *Full Name of Mother,* Maria Darmstadt
6. *Mother's Maiden Name,* Streb
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Franz Darmstadt
9. *Father's Occupation,* Lebmer
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Rambach

*Address,* S. Wolfstr No 14

*Remarks,*

any name shall have been conferred.) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & ANE, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

77319

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT BALTIMORE JUL 16 1884

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 2. 1884
4. Place of Birth, (Street and Number) S. Koerstelstr No 39
5. Full Name of Mother, Barbara Seifert
6. Mother's Maiden Name, Gresser
7. Mother's Birthplace, Balt
8. Full Name of Father, Nikolaus Seifert
9. Father's Occupation, Tobacconist
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Wm Joh. Baumbach

Address, S. Wolfstr No 14

Remarks,

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person, or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

73380

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 4 6

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 5, 1884
4. *Place of Birth, (Street and Number)* S. Ann str No 273
5. *Full Name of Mother,* Anny Rieselmann
6. *Mother's Maiden Name,* Lacke
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Joseph Rieselmann
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Oldenburg

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Ranbuch

*Address,* South Wolfstr No 14

*Remarks,*

...ner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...PIET & CO., CITY PRINTERS AND STATIONERS.

72381

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* 8 th

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 7. 84.
4. *Place of Birth, (Street and Number)* S. Bettelstr No 119
5. *Full Name of Mother,* Theresia Flattemesch
6. *Mother's Maiden Name,* Busch
7. *Mother's Birthplace,* Oldenbury
8. *Full Name of Father,* Heinrich Flattemesch
9. *Father's Occupation,* Storkiper
10. *Father's Birthplace,* Oldenbury

*Name of Medical Attendant,* or other Person who makes this Return Mrs. F. Raubach

*Address,* S. Wolf 14

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72382

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)*

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8 84
4. *Place of Birth, (Street and Number)* N. Durhamstr No 29
5. *Full Name of Mother,* Anna Schitte
6. *Mother's Maiden Name,* Schisler
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Schitte
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return Mrs John Raubach

*Address,* S. Wolf No 14

*Remarks,*

...sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72383

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* 5

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8. 84.
4. *Place of Birth, (Street and Number)* Fayette str No 447
5. *Full Name of Mother,* Wilhelmine Kumlin
6. *Mother's Maiden Name,* Burkhard
7. *Mother's Birthplace,* Sachsen
8. *Full Name of Father,* Karl Kumlin
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Braunschweig

*Name of Medical Attendant,* or other Person who makes this Return Wm. J. Raubach

*Address,* P. Wolf 14

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72384

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8. 84.
4. *Place of Birth, (Street and Number)* S. Annstr No 5
5. *Full Name of Mother,* Christiane Knapp
6. *Mother's Maiden Name,* Zorn
7. *Mother's Birthplace,* Baern
8. *Full Name of Father,* Moritz Knapp
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Baern

*Name of Medical Attendant,* or other Person who makes this Return Mrs. J. Baubuch

*Address,* S. Wolf No 14

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72385

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 5

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 10. 84.
4. *Place of Birth, (Street and Number)* Portugal Alley No 1
5. *Full Name of Mother,* Anna Pfeifer
6. *Mother's Maiden Name,* Uzlein
7. *Mother's Birthplace,* Besern
8. *Full Name of Father,* Johann Pfeifer
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Besern

*Name of Medical Attendant,* or other Person who makes this Return Wm. J. Raubach

*Address,* S. P. W. No 14

*Remarks,*

...mother of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72386

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)*

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 19, 84.
4. *Place of Birth, (Street and Number)* S. Register No 76
5. *Full Name of Mother,* Elisabeth Schuhmacher
6. *Mother's Maiden Name,* Stamm
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Heinrich Schuhmacher
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return Maj. J. Raubuch

*Address,* S. Wolf 14

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

12387

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 15th

4. Place of Birth, (Street and Number) No. 43 East Pratt Street

5. Full Name of Mother, Bertha Huntley Mitchison

6. Mother's Maiden Name, Bertha Huntley

7. Mother's Birthplace, Switzerland

8. Full Name of Father, William J Mitchison

9. Father's Occupation, Plumber

10. Father's Birthplace, London England

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Stein

Address,

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

72 388

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 6 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)*

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 21, 84.
4. *Place of Birth, (Street and Number)* E Lombard str No 323
5. *Full Name of Mother,* Eva Desmlein
6. *Mother's Maiden Name,* Schutz
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Johann Desmlein
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Wm. Joh. Rambach

*Address,* S Wolf str No 14

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72389

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 7 1894 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Two Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 22d
4. *Place of Birth (Street and Number)* Baltimore 144 South Eutaw st
5. *Full Name of Mother* Annie Gruver
6. *Mother's Maiden Name* Annie Carey
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Washington Gruver
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Lucy Upshur

*Address*

*Remarks*

12390

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1894 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 June
4. *Place of Birth, (Street and Number)* 44 S. Exeter
5. *Full Name of Mother,* Lena Mueller
6. *Mother's Maiden Name,* Shlider
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Charles Mueller
9. *Father's Occupation,* Carpentar
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard street

*Remarks,* Died on 2nd July on account of weakness.

The Midwife shall certain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...PET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72391

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE JUL 8 1884

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 23 / 84
4. *Place of Birth, (Street and Number)* 484 Lexington st
5. *Full Name of Mother,* Menendez
6. *Mother's Maiden Name,* Trimble
7. *Mother's Birthplace,* Balto Co Md
8. *Full Name of Father,* Candido Menendez
9. *Father's Occupation,* Clk
10. *Father's Birthplace,* Cuba

*Name of Medical Attendant,* or other Person who makes this Return. Archer Atkinson MD

*Address,* 119 N. Charles st

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

72392

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 23 - 1884
4. *Place of Birth, (Street and Number)* 21 Low St.
5. *Full Name of Mother,* Mary Rielly
6. *Mother's Maiden Name,* Black
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Rielly
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Stein

*Address,* 151 E Pratt St

*Remarks,*

[illegible] the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers

# RETURN OF A BIRTH

12395

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 7 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2the

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 of Juny
4. *Place of Birth, (Street and Number)* Monument nahe Chester.
5. *Full Name of Mother,* Käthe Tilgahn
6. *Mother's Maiden Name,* = Meyer
7. *Mother's Birthplace,* Ufsendorf (Hannover) Germ
8. *Full Name of Father,* Georg Tilgahn
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs G. Behnken.

*Address,* 54 Essex St.

*Remarks,* Canton

Ascertained, the full name of each child (if any name shall be conferred.) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

urphy & Co., City Printers and Stationers.

72394

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 27th 1884
4. *Place of Birth, (Street and Number)* 937 Lexington St
5. *Full Name of Mother,* Mary M. Little
6. *Mother's Maiden Name,* " " Scharf
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* David Little
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Carroll Co Md

*Name of Medical Attendant,* or other Person who makes this Return. Jas E Gibbons M.D.

*Address,* 47 Edmondson ave

*Remarks,*

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

That any physician, accouchour, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

72395

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother* (~~*state whether*~~ *1st,* ~~*2d, 3d, &c.*~~)

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* June 30th 1884
4. *Place of Birth* (Street and Number) 314 E Pratt St
5. *Full Name of Mother* Ella ~~Robertson~~ Spamer
6. *Mother's Maiden Name* Robertson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Nathan Le Spamer
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Elias C Price M.D.

*Address* 262 Madison Ave

*Remarks*

Over

# RETURN OF A BIRTH.

72396

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother* (~~*state whether 1st, 2d,*~~ *3d,* ~~*&c.*~~)

1. *Sex* (~~*state whether Male or*~~ *Female*) Elizabeth Mott Matthews
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* June 30th 1854
4. *Place of Birth* (*Street and Number*) 56 Biddle St
5. *Full Name of Mother* Elizabeth L Matthews
6. *Mother's Maiden Name* Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph B. Matthews
9. *Father's Occupation* Engineer & Machinist
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Elias C. Price M.D.

*Address* 262 Madison Ave

*Remarks*

72397

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First one

1. *Sex, (state whether male or female)* femail
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 30 th
4. *Place of Birth, (Street and Number)* 169 Montgomery
5. *Full Name of Mother,* Mary Pain
6. *Mother's Maiden Name,* Mary Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Pain
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Milley Gross

*Address,* 12 Plum alley

*Remarks,*

Order of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72398

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th.

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* N
3. *Date of Birth,* June 07. 1884
4. *Place of Birth, (Street and Number)* No 164 Hallen St
5. *Full Name of Mother,* Annie Guttman
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Emanuel Guttman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return C. W. Nutt

*Address,* 306 N. Gaylor St

*Remarks,*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72399

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE JUL 9 1884

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 10 June 84
4. *Place of Birth, (Street and Number)* 50 Boyd St
5. *Full Name of Mother,* Ida Moore
6. *Mother's Maiden Name,* " Shultz
7. *Mother's Birthplace,* Carroll Co Va
8. *Full Name of Father,* Nathan Moore
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Culpeppa Co Va

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address,* 34 Boyd St

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

72405

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUL 14 1881

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) Cr.

3. Date of Birth, June 13. 1881

4. Place of Birth, (Street and Number) # 915 E. Balt. Street

5. Full Name of Mother, Sarah Helen

6. Mother's Maiden Name, Lewis

7. Mother's Birthplace, Balt

8. Full Name of Father, Otto Helen

9. Father's Occupation, Druggist

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return C. W. Neff

Address, # 306 N Fayette St

Remarks,

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72401

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* F.
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 13. 1882
4. *Place of Birth, (Street and Number)* # 20 N. Fremont St
5. *Full Name of Mother,* Annie Shipley
6. *Mother's Maiden Name,* Pitt
7. *Mother's Birthplace,* Howard Co
8. *Full Name of Father,* Jno - Shipley
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Howard Co.

*Name of Medical Attendant,* or other Person who makes this Return C. W. Neff

*Address.* # 306 N. Fayette St

*Remarks,*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS

72402

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 8 1898 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 18 84
4. *Place of Birth, (Street and Number)* 7 King St
5. *Full Name of Mother,* Margret Kilmer
6. *Mother's Maiden Name,* " Lowel
7. *Mother's Birthplace,* Northumberland Co Va
8. *Full Name of Father,* Harry Kimmer
9. *Father's Occupation,* Day man
10. *Father's Birthplace,* Richmond Co Va

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Ann Cornish

*Address,* 34 Boyd St

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

72103

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

DEPARTMENT OF HEALTH NEW HAVEN

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st. Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22 nd 1884
4. *Place of Birth, (Street and Number)* 16 Highland St.
5. *Full Name of Mother,* Hanna Agnes Whelan
6. *Mother's Maiden Name,* H. A. Conroy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Whelan
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant, or other Person who makes this Return* James E Donnelly M.D.

*Address,* 299 E Baltimore St.

*Remarks,*

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72404

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 8 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 29th 84
4. *Place of Birth, (Street and Number)* 1 Arch St
5. *Full Name of Mother,* Emma Norris
6. *Mother's Maiden Name,* Speigt
7. *Mother's Birthplace,* Cambridge Md
8. *Full Name of Father,* Isaac Norris
9. *Father's Occupation,* white washer
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Ann Cornish

*Address,* 34 Boyd St

*Remarks,*

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

72405

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 30
4. *Place of Birth, (Street and Number)* 33 Josephine St
5. *Full Name of Mother,* Isabella Alexander
6. *Mother's Maiden Name,* " Dorsey
7. *Mother's Birthplace,* Frederick Co Md
8. *Full Name of Father,* Theo Alexander
9. *Father's Occupation,* Brick Yard
10. *Father's Birthplace,* Balto Co

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Ann Cornish

*Address,* 34 Boyd St

*Remarks,*

within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and [illegible] of the parents, and the maiden name of the mother of such child or children.

JOHN D. PIET, PRINTER & STATIONER, BALT.

12406

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colord

*of Birth,* July the 1st 1884

*of Birth, (Street and Number)* - Baltimore ~~alley~~ Peach alley nez

*Name of Mother,* Sarha J Camphor -

*'s Maiden Name,* Sarha J Read -

*'s Birthplace,* Baltimore

*Name of Father,* John M Camphor

9. *Father's Occupation,* Caulking

10. *Father's Birthplace,* Dorchester Co M-D -

*Name of Medical Attendant,* or other Person who makes this Return Miller Gross

*Address,* No. 12 Plum alley

*Remarks,*

HEALTH DEPARTMENT

...far as the same can be ascertained, the full name of each child ... its sex, color, the full name and occupation of its parents, the day ... while shall be delivered, duly signed by the practitioner, in the form of a ... third day of each and every month to the Board of Health. In case the ... without the attendance of a physician, or of a practitioner of midwifery, or ... attendance upon the mother, immediately thereafter, it shall then become the ... of such child to report its birth to the Board of Health, in the manner, and ... quired, except in the cases of the births and deaths of illegitimate children, and ... who shall hereafter fail to comply with the provisions of this section shall be subject ... for each offence, to be recovered as other fines and penalties are recoverable.

72407

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 1. 1884
4. *Place of Birth, (Street and Number)* 196 dallas street
5. *Full Name of Mother,* mary e swift
6. *Mother's Maiden Name,* mary e hie
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John w swift
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. mary conner 153

*Address,* collington avenue

*Remarks,*

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall con[illegible] list of the births which have occurred under his or her care during the month, and shall set forth as far as the same ca[illegible] ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation [illegible] parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form [illegible] certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In ca[illegible] birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other [illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child. [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such pe[illegible] or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dolla[illegible] for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

7408

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. July 1st 1884

4. Place of Birth, (Street and Number) 132 N. Schroeder St

5. Full Name of Mother, Florence McCauley

6. Mother's Maiden Name, Florence Thurman

7. Mother's Birthplace, Savannah, Georgia

8. Full Name of Father, George H McCauley

9. Father's Occupation, Draughtsman B&O R.R. Co

10. Father's Birthplace, Baltimore County. Md

Name of Medical Attendant, or other Person who makes this Return Amanda Taylor Norris, M.D.

Address, 326 N. Eutaw St

Remarks.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72409

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 1 1884
4. *Place of Birth, (Street and Number)* 154. John st
5. *Full Name of Mother,* Libbie Smith
6. *Mother's Maiden Name,* Nimmo
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Horace D Smith
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Mississippi

*Name of Medical Attendant,* or other Person who makes this Return H W Webster

*Address,* 57 Barre st

*Remarks,*

...ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72410

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 1st 1884
4. *Place of Birth, (Street and Number)* 26th East st
5. *Full Name of Mother,* Martha Lawrence
6. *Mother's Maiden Name,* Martha Cole
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* Owen Lawrence
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Calvert Co

*Name of Medical Attendant,* or other Person who makes this Return Chollottee Warn

*Address,* 258 Roberts

*Remarks,* None

HEALTH DEPARTMENT JUL 8 1884 BALTIMORE

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

7241

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1903 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 of July
4. Place of Birth, (Street and Number) 281 Monument St
5. Full Name of Mother, Mary Pickel
6. Mother's Maiden Name, " Leudeser
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Pickel
9. Father's Occupation, Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 125 N Caroline St

Remarks,

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NT & CO., CITY PRINTERS AND STATIONERS.

22412

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 8 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July. 1 1884
4. *Place of Birth, (Street and Number)* Cookes St
5. *Full Name of Mother,* Mary Roach
6. *Mother's Maiden Name,* Mary Slaeier
7. *Mother's Birthplace,* Germna
8. *Full Name of Father,* Dammick ~~Roach~~ Roach
9. *Father's Occupation,* Labarer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Ettel

*Address,* No 13 Cuba St

*Remarks,*

...ber of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72413.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 1st 1884
4. *Place of Birth, (Street and Number)* Jefferson near Chester st.
5. *Full Name of Mother,* Jane Helen Idella McClelland
6. *Mother's Maiden Name,* " " " McKenney
7. *Mother's Birthplace,* Anne Arundel County Md.
8. *Full Name of Father,* Isaac Alexander McClelland
9. *Father's Occupation,* Furniture
10. *Father's Birthplace,* Balto. City Md.

*Name of Medical Attendant,* or other Person who makes this Return P. G. Dausch

*Address,* 325 E. Baltimore st.

*Remarks,*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7/24/14

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 3rd " July 3rd " 1884.

1. *Sex,* (state whether male or female) Female.
2. *Race or Color,* (if not of the white race) White.
3. *Date of Birth,* July 1st " 1884.
4. *Place of Birth,* (Street and Number) 144 Gough St.
5. *Full Name of Mother,* Mary Stock.
6. *Mother's Maiden Name,* Mary Christ.
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* A. Stock.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* America.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Mary Smead.

*Address,* No. 137 S. Wolfe St.

*Remarks,* D

Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

UEST & SON, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

13415

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 2d & Living |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 1 of July 1884 |
| 4. *Place of Birth, (Street and Number)* | No 13 Forest Place |
| 5. *Full Name of Mother,* | Kate Kernan |
| 6. *Mother's Maiden Name,* | Kate Fitzgerald |
| 7. *Mother's Birthplace,* | Baltimore County |
| 8. *Full Name of Father,* | Philip E Kernan |
| 9. *Father's Occupation,* | Employed on Balt. O. R. Rd. |
| 10. *Father's Birthplace,* | Baltimore Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return | Wm Christian Lower |
| *Address,* | No 123 Harford Ave |
| *Remarks,* | Baltimore Md |
| | 1884 |

Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her cognizance during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72416

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 16
4. *Place of Birth, (Street and Number)* Forster Alley No 8
5. *Full Name of Mother,* Ella Hall
6. *Mother's Maiden Name,* Ella Smith
7. *Mother's Birthplace,* West Moreland Co. Virginia
8. *Full Name of Father,* Rodey McCarr
9. *Father's Occupation,* Farmer
10. *Father's Birthplace,* West Moreland Co Virginia

*Name of Medical Attendant,* or other Person who makes this Return Mrs Johnson

*Address,* 9 1/2 Tyson St

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

72417

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First one

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 22 ond of June
4. *Place of Birth, (Street and Number)* Pierce Street No. 34
5. *Full Name of Mother,* Mary Buske
6. *Mother's Maiden Name,* Mary Holland
7. *Mother's Birthplace,* Howard County - Maryland
8. *Full Name of Father,* Benjamin Buske
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore City -

*Name of Medical Attendant,* or other Person who makes this Return Mrs Annie Johnson

*Address,* 94 Tyson st

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

72418

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the birth, and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 first |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | June 23 |
| 4. *Place of Birth, (Street and Number)* | 101 Jasper Balto. Md |
| 5. *Full Name of Mother,* | Laura V. Davidson |
| 6. *Mother's Maiden Name,* | Laura V. Smith |
| 7. *Mother's Birthplace,* | Oxford N.C. |
| 8. *Full Name of Father,* | Charley D Davidson |
| 9. *Father's Occupation,* | Hostler |
| 10. *Father's Birthplace,* | Charlotte N.C. |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Sarah Jones |
| *Address,* | 911 Jason St |
| *Remarks,* | |

T & CO., 1771 PRINTERS AND STATIONERS.

72419

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 1884 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (state whether Male ~~or Female~~)
2. Race ~~or Color (if not of the~~ white race)
3. Date of Birth June 25th 1884.
4. Place of Birth (Street and Number) No 240 E Fayette St.
5. Full Name of Mother Julia Wilson.
6. Mother's Maiden Name " Watson.
7. Mother's Birthplace N. Carolina.
8. Full Name of Father John U Wilson.
9. Father's Occupation Cigar maker.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway André M.D.

Address No 121 E Butte St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72420

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4. th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~30~~ 28. th June 84
4. *Place of Birth, (Street and Number)* 810 ~~gough~~ gough St highlandtown
5. *Full Name of Mother,* Louisa King
6. *Mother's Maiden Name,* Louisa Hannibal
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* James King
9. *Father's Occupation,* Supt. Stables
10. *Father's Birthplace,* Balto. Co

*Name of Medical Attendant,* or other Person who makes this Return Mrs Wieby

*Address,* No 12. Paterson park. ave

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72421

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Sunday the 29 of June
4. *Place of Birth, (Street and Number)* No 44 Oxford st. City
5. *Full Name of Mother,* Agnis Ellin Trusty
6. *Mother's Maiden Name,* Agnis Ellin Dunson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Thomas Henry Trusty
9. *Father's Occupation,* Private Water
10. *Father's Birthplace,* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return Mrs Anne Johnson

*Address,* 94 Tyson street

*Remarks,*

Exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th 1884
4. Place of Birth, (Street and Number) 305 Gough Street
5. Full Name of Mother, Annie Lucrecia Munter
6. Mother's Maiden Name, Annie L. Benois
7. Mother's Birthplace, Santiago St Lago de chili S.A.
8. Full Name of Father, Bernan Munter
9. Father's Occupation, Merhant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Wiley

Address, No. 12 Patterson Park Ave.

Remarks,

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...LOT & SON, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7242 3

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Brown Skin
3. *Date of Birth,* July the 1st 1884
4. *Place of Birth, (Street and Number)* 13 Penn. alley,
5. *Full Name of Mother,* Rachael. Kane
6. *Mother's Maiden Name,* Rachael Kane
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* unmarried
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other Person who makes this Return Harriet. Hammond

*Address,* # 65 Arch St

*Remarks,* Born alive in good state of health

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 11
4. Place of Birth, (Street and Number) No 416 E. Madison St.
5. Full Name of Mother, Lizzie Bryson
6. Mother's Maiden Name, Lizzie Shutte
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Bryson
9. Father's Occupation, Labor Work.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Schulte

Address, No. 216 Chew Street.

Remarks, — None —

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72435

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 1/84
4. Place of Birth, (Street and Number) 230 W Biddle St.
5. Full Name of Mother, Caroline Lancaster
6. Mother's Maiden Name, Caroline Grover
7. Mother's Birthplace, Md
8. Full Name of Father, Martin V. Lancaster
9. Father's Occupation, Carriage Dealer
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. G. Keller, M.D.

Address, 188 Franklin St.

Remarks,

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE

Sheet of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ILT & CO., CITY PRINTERS AND STATIONERS.

7246

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd of July 1884.
4. Place of Birth, (Street and Number) 60 North Eagle Street
5. Full Name of Mother, Ida Stout.
6. Mother's Maiden Name, Ida Clunk.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nick Clunk.
9. Father's Occupation, Sail Sharpner.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 71 North Chapel St. for Justina Kunkel.

Remarks, Healthy.

during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IET & CO., CITY PRINTERS AND STATIONERS.

72457

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd of July 1884.
4. *Place of Birth, (Street and Number)* 550 East Fayette street.
5. *Full Name of Mother,* Mary Geoernegen.
6. *Mother's Maiden Name,* Mary Cumberland.
7. *Mother's Birthplace,* New York.
8. *Full Name of Father,* Henry Cumberland.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel.

*Address,* 11 North Chapel street per Justina Kunkel

*Remarks,* Healthy.

...ing the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72428

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2nd 1884
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Laura N Fuller
6. *Mother's Maiden Name,* Sewell
7. *Mother's Birthplace,* Howard Co
8. *Full Name of Father,* Charles W Fuller
9. *Father's Occupation,* Marriner
10. *Father's Birthplace,* Bc, Md

*Name of Medical Attendant,* or other Person who makes this Return M R Davenport

*Address,* 194 Gough St

*Remarks,* Mother & Lake Camp Well

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72429

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 of July

4. Place of Birth, (Street and Number) 420 Canton Ave

5. Full Name of Mother, Hilke Stadtlander

6. Mother's Maiden Name, = Visser

7. Mother's Birthplace, Emden (Hannover) Germ

8. Full Name of Father, Fred Stadtlander

9. Father's Occupation, Labeln

10. Father's Birthplace, Emden (Hannover) Germ.

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Behnken

Address, £ 54 Essex St

Remarks, Canton.

parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

rphy & Co., City Printers and Stationers.

73430

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d =

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2- 1884.
4. Place of Birth, (Street and Number) 411 Bartlett St
5. Full Name of Mother, Christine Olsen
6. Mother's Maiden Name, " Blickstadt
7. Mother's Birthplace, Norway -
8. Full Name of Father, Olaf J. Olsen
9. Father's Occupation, - Decorator -
10. Father's Birthplace, Norway

Name of Medical Attendant, or other Person who makes this Return W. a B. Sellman M.D

Address, 46 W. Biddle St

Remarks,

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

J. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~19 Burke St.~~ 2d July 1884
4. Place of Birth, (Street and Number) 19 Burke St.
5. Full Name of Mother, Sarah Burgan.
6. Mother's Maiden Name, Sarah Fortner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mrs. Burgan
9. Father's Occupation, Seabra
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. Wiley

Address, No 12. Patterson Park Ave.

Remarks,

sioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

POST & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7 2 4 3 2

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th " |
| 1. *Sex, (state whether male or female)* | Male, |
| 2. *Race or Color, (if not of the white race)* | White, |
| 3. *Date of Birth,* | July 2nd 84, |
| 4. *Place of Birth, (Street and Number)* | 408 E. Madison str., |
| 5. *Full Name of Mother,* | Clara Spates, |
| 6. *Mother's Maiden Name,* | Clara Waller, |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Thomas Geroux Spates |
| 9. *Father's Occupation,* | Salesman |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | Chas. B. Zuckerman M.D. |
| *Address,* | 282 N. Broadway. |
| *Remarks,* | |

"Every physician or midwife, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72433

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 2nd 1884
4. *Place of Birth, (Street and Number)* 558 Saratoga St
5. *Full Name of Mother,* Caroline Briboe
6. *Mother's Maiden Name,* Caroline Thomas
7. *Mother's Birthplace,* Calvert Co
8. *Full Name of Father,* Abram Briboe Bristow
9. *Father's Occupation,* Wagner
10. *Father's Birthplace,* Saint Mary Co

*Name of Medical Attendant,* or other Person who makes this Return Charlotte Wam

*Address,* 258 Robinson St

*Remarks,* None

Divise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ANY & CO. CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

72434

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 2 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth April 12, 1884
4. Place of Birth (Street and Number) North st near Eager
5. Full Name of Mother Mrs Michael Neary
6. Mother's Maiden Name Kate Kelly
7. Mother's Birthplace Baltimore City
8. Full Name of Father Michael Neary
9. Father's Occupation Police Man
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. William Lee

Address N. 339 Eutaw st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7/21/35

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 2 1924 BALTIMORE

"Within six days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12 Child |
| 1. *Sex, (state whether male or female)* | Male Child |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 25th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 560 Cross Street |
| 5. *Full Name of Mother,* | Annie Vandkiver |
| 6. *Mother's Maiden Name,* | Annie Morgan |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Robert Vandkiver |
| 9. *Father's Occupation,* | Brick Maker |
| 10. *Father's Birthplace,* | Philadelphia Pa |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Bange |
| *Address,* | No [illegible] Cross Street |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

72436

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~5th~~ 5d

1. Sex, (state whether male or female) Male 2 female 1
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3d.
4. Place of Birth, (Street and Number) Hull St
5. Full Name of Mother, Sarah Carter
6. Mother's Maiden Name, Sarah Callahan
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Anthony Carter
9. Father's Occupation, Plumber
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Ettel

Address, Hull St & Fort Ave

Remarks,

HEALTH DEPARTMENT JUL 8 1884 BALTIMORE

...sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

T2437

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3rd, 1894
4. *Place of Birth, (Street and Number)* 17 Burke St.
5. *Full Name of Mother,* Mary Ellen Goldenz.
6. *Mother's Maiden Name,* Burns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Ernest Goldenz
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Holland

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Wiley

*Address,* No 12 Patterson Park Ave.

*Remarks,*

Under the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

72438

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT 1894 BALTIMORE

| | |
|---|---|
| *Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Four |
| *state whether male or female)* | male |
| *or Color (if not of the white race)* | White |
| *of Birth* | July 3 third |
| *of Birth (Street and Number)* | 75 Wilhelm Street |
| *Name of Mother* | Lizzie A ~~[illegible]~~ Thorn |
| *er's Maiden Name* | Lizzie Ann Creighton |
| *er's Birthplace* | Baltimore |
| *Name of Father* | Michael Samuel Thorn |
| *r's Occupation* | iron Moulder |
| *r's Birthplace* | Baltimore |
| *of Medical Attendant,* or other Person who makes this Return. | Ruth A Chouer |
| *ess* | 674 Pratt Street |
| *rks* | |

# RETURN OF A BIRTH

7249

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th Child

1. *Sex, (state whether male or female)* Little Boy

2. *Race or Color, (if not of the white race)* White Race

3. *Date of Birth,* Born 3th July 1884

4. *Place of Birth, (Street and Number)* No. 1133 Baltimore st city

5. *Full Name of Mother,* Mrs. Bruhn

6. *Mother's Maiden Name,* Miss. Eaton

7. *Mother's Birthplace,* Holstein Reuss Germany

8. *Full Name of Father,* Mr. Hugo. H. Bruhn

9. *Father's Occupation,* Baker. Recipe

10. *Father's Birthplace,* Holstein Reuss Germany

*Name of Medical Attendant,* or other Person who makes this Return. 1017. Mrs. Miller.

*Address,* 1017. west Pratt st city

*Remarks,*

list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

ohn Murphy & Co., City Printers and Stationers.

72440

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Little Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* 3th of July 1884
4. *Place of Birth, (Street and Number)* Forest st Baltimore No 15 city
5. *Full Name of Mother,* Mrs. Kauenstan
6. *Mother's Maiden Name,* Min. Cufurl
7. *Mother's Birthplace,* Bayen Germany
8. *Full Name of Father,* Mr. Kauenstan
9. *Father's Occupation,* Shoe Maker by Trade
10. *Father's Birthplace,* Bayen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Killer

*Address,* 1017. west Pratt. st city

*Remarks,*

[illegible] list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd July 1884
4. Place of Birth, (Street and Number) Chesapeake St.
5. Full Name of Mother, A. Louisa Seifert
6. Mother's Maiden Name, Gubb.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Seifert
9. Father's Occupation, Labora
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs. Wiley

Address. No 12. Patterson Park Ave.

Remarks.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FEET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3rd 1884
4. Place of Birth, (Street and Number) No 654 S. Charles st
5. Full Name of Mother, Lilly Jacobs
6. Mother's Maiden Name, Lilly O'Burns
7. Mother's Birthplace, Baltimore City MD
8. Full Name of Father, James Jacobs
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City MD

Name of Medical Attendant, or other Person who makes this Return. E. Winston

Address, No 658 S Charles st.

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72443

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3rd July 1884
4. *Place of Birth, (Street and Number)* 152 Sharp
5. *Full Name of Mother,* Virginia Rowe
6. *Mother's Maiden Name,* auld
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* William E Rowe
9. *Father's Occupation,* Merchant
10. *Father's Birthplace.* Va

*Name of Medical Attendant,* or other Person who makes this Return H W Webster Jr

*Address,* 57 Barre

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

72944

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colliard

3. Date of Birth, July 4 #1884

4. Place of Birth, (Street and Number) No 16 Welch alley

5. Full Name of Mother, Mrs Alice Mathew

6. Mother's Maiden Name, Miss Alice Hammon

7. Mother's Birthplace, Baltimore. Md.

8. Full Name of Father, James. Mathew. Harden

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other Person who makes this Return Sarrah. Devoll

Address, No 4 Jasper St

Remarks, none

PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

72444

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 Child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | Collard |
| 3. *Date of Birth,* | July 4 th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 16 Welch alley |
| 5. *Full Name of Mother,* | Mrs Alice Mathews |
| 6. *Mother's Maiden Name,* | Miss Alice Hammond |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father.* | James Matthew Harden |
| 9. *Father's Occupation,* | Porter |
| 10. *Father's Birthplace,* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarrah Devall |
| *Address,* | No 4 Jasper St |
| *Remarks,* | none |

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

KIRK & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7245

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1864 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 4 of July
4. Place of Birth, (Street and Number) 180 Mulliken St.
5. Full Name of Mother, Ann Maria Handy
6. Mother's Maiden Name, " " Butler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Benjamin Handy
9. Father's Occupation, Saloon work
10. Father's Birthplace, Worcester

Name of Medical Attendant, or other Person who makes this Return, Mary Walker

Address, 125 N Caroline St.

Remarks,

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

72446

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th July
4. *Place of Birth, (Street and Number)* No 39 Little Mcelderry
5. *Full Name of Mother,* Amelia Rosebloom
6. *Mother's Maiden Name,* Amelia Alder
7. *Mother's Birthplace,* Polon
8. *Full Name of Father,* Abrum Rosebloom
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Rush Polon

*Name of Medical Attendant,* or other Person who makes this Return. Dieno Hillegeist

*Address,* 10152 E Monument st

*Remarks,*

HEALTH DEPARTMENT JUL 8 1881 BALTIMORE

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 72447

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* (5.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 4 1884
4. *Place of Birth, (Street and Number)* 223 Mulberry st.
5. *Full Name of Mother,* Louisa Bolz.
6. *Mother's Maiden Name,* Louisa Schwarz.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* August Bolz.
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Kunigunda Schlifer

*Address,* 20 Columbia Ave.

*Remarks,*

...ANY & CO., CITY PRINTERS AND STATIONERS

...ivise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

72448

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4th 1884
4. *Place of Birth, (Street and Number)* 239 Lanvale St
5. *Full Name of Mother,* Margaret R. Keyser
6. *Mother's Maiden Name,* Margaret R Barthold
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Edward A. Keyser
9. *Father's Occupation,* Florist
10. *Father's Birthplace,* Philada Pa —

*Name of Medical Attendant,* or other Person who makes this Return J Harvey Hill Mtd

*Address,* Calhoun St & Edmondson —

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH.

72449

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 28th 1884
4. *Place of Birth (Street and Number)* 120 Mosher St
5. *Full Name of Mother* Mrs Rose Thomas
6. *Mother's Maiden Name* Rose Fullenkamp
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Warburn Thomas
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Eliza Fullenkamp

*Address*

*Remarks* 120 Mosher St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 72450

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Three

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5/84
4. *Place of Birth, (Street and Number)* 68 Marsh Market Place
5. *Full Name of Mother,* Freda Marks
6. *Mother's Maiden Name,* Masares
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Friedman Marks
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Austria

*Name of Medical Attendant,* or other Person who makes this Return Ann Justman

*Address,* 6 Broad Alley E Lombard St

*Remarks,*

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS

72451

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 21, 1884
4. *Place of Birth, (Street and Number)* 49 Hillman St
5. *Full Name of Mother,* Annie Moony.
6. *Mother's Maiden Name,* " Lyman
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Moony.
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Edward P. McDevitt

*Address,* 54 Aisquith St

*Remarks,*

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

77 1/52

HEALTH DEPARTMENT JUL 10 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 26 / 84
4. Place of Birth, (Street and Number) 168 Augusta St
5. Full Name of Mother, Dickey Gant.
6. Mother's Maiden Name, " Frankenthal
7. Mother's Birthplace, New York
8. Full Name of Father, William. J. Gant.
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward R. McDevitt

Address, 57 Augusta St

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

72453

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 27th 1884.
4. *Place of Birth, (Street and Number)* No 1 Caro St
5. *Full Name of Mother,* Sarah Carter
6. *Mother's Maiden Name,* Sarah Mitchel
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Albert H. Carter
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Va

*Name of Medical Attendant,* or other Person who makes this Return H. H. Biedler M.D.

*Address,* 94 N Calhoun St

*Remarks,*

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

HEALTH DEPARTMENT BALTIMORE JUL 10 1884

12454

Sex - - - male No of Child 8th
Race or color - - White race
Date - - July 1st 1884
Place of Birth - - - - No 56 Paca St
Full Name of Mother - - - Fannie Esser
Mother's Maiden Name - - Fannie J Bower
Mother's Birthplace - - Calvert Co., Md.
Full Name of Father - - William B Esser
Fathers occupation Merchant
Father's Birthplace Calvert Co., Md.

Attilla Brooke
210 Warner St
Doing well

# RETURN OF A BIRTH, 72455

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 9 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Children

1. *Sex (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colloid
3. *Date of Birth* July 2th 1884
4. *Place of Birth, (Street and Number)* Lowes Street 56
5. *Full Name of Mother* Rebbessa Dorsey
6. *Mother's Maiden Name* Rebbessa Chappman
7. *Mother's Birthplace* St Mary County State of Maryland
8. *Full Name of Father* Owen Dorsey
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace* Arundel County

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Campher

*Address* 9 Mulberry west eden

*Remarks*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72456

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* July 5 1884
4. *Place of Birth, (Street and Number)* Medcary Alley No 1
5. *Full Name of Mother,* Louvina Cane
6. *Mother's Maiden Name,* Louvina Young
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Cane
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastern Shore Md.

*Name of Medical Attendant,* or other Person who makes this Return Loucindia Woolford

*Address,* 130 North Regester St

*Remarks,*

Paper Register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

72457

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 4th 1884.
4. Place of Birth, (Street and Number) No 1 [illegible] St
5. Full Name of Mother, Ida Harrison
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Harrison H. Biedler

Address, 94 N Calhoun St

Remarks,

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. FIRT & ASS., CITY PRINTERS AND STATIONERS.

72458

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* July 5, 1884
4. *Place of Birth, (Street and Number)* 168 Mullikin St
5. *Full Name of Mother,* Willy Cook
6. *Mother's Maiden Name,* Willie Lee
7. *Mother's Birthplace,* Northumberland Virginia County
8. *Full Name of Father,* William Cook
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Lucindia Woolford

*Address,* 130 Register St

*Remarks,*

HEALTH DEPARTMENT JUL 10 1884 BALTIMORE

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

72459

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 9 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th of July 1884
4. *Place of Birth, (Street and Number)* No 227 West Fayette st
5. *Full Name of Mother,* Mrs Delfine Klingenburger
6. *Mother's Maiden Name,* Delfine School
7. *Mother's Birthplace,* Hesse Prussia
8. *Full Name of Father,* William Klingenburger
9. *Father's Occupation,* Ornamental Painter
10. *Father's Birthplace,* Hesse Prussia

*Name of Medical Attendant,* or other Person who makes this Return Mrs W. Maennel

*Address,* 228 Saratoga str

*Remarks,*

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

72460

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1884
4. *Place of Birth, (Street and Number)* 41 N Bond St.
5. *Full Name of Mother,* J. Virginia Ruark
6. *Mother's Maiden Name,* J. H. Bull
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Alfred H. Ruark.
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other Person who makes this Return James E Dwinelle MD

*Address,* 299 E Baltimore St.

*Remarks,*

HEALTH DEPARTMENT JUL 8 1884 BALTIMORE

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72461

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 5 84

4. *Place of Birth, (Street and Number)* 248 Hillman St

5. *Full Name of Mother,* Martha A. Snyder

6. *Mother's Maiden Name,* " " McGraw

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Herman Miller

9. *Father's Occupation,* Drayman

10. *Father's Birthplace,* Hessen Castle Prussia

*Name of Medical Attendant,* or other Person who makes this Return. Edward P. Murdock

*Address,* 54 Hanover St

*Remarks,*

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

72162

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 1904 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 of July.
4. *Place of Birth, (Street and Number)* No 207 Lombard St
5. *Full Name of Mother,* Lissa Ritz
6. *Mother's Maiden Name,* " Kinstein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Ritz
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary Walters

*Address,* 125 N Caroline St.

*Remarks,*

The owner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

FIET & CO., CITY PRINTERS AND STATIONERS.

7246 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUN 18 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 5th 1884
4. Place of Birth, (Street and Number) 69 Ladenhall St
5. Full Name of Mother, Mary Smothers
6. Mother's Maiden Name, ?
7. Mother's Birthplace, Calvert Co maryland
8. Full Name of Father, Elija Smothers
9. Father's Occupation, Labourer
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy alley

Remarks,

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

12 1184

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 8 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 5 1884 |
| 4. *Place of Birth, (Street and Number)* | 77 Mosher |
| 5. *Full Name of Mother,* | Emmer Evans |
| 6. *Mother's Maiden Name,* | Frederick |
| 7. *Mother's Birthplace,* | Balto. City |
| 8. *Full Name of Father,* | Lewis Evans |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Balto. Co. |
| *Name of Medical Attendant,* or other Person who makes this Return | J. H. CHRISTIAN, M. D. |
| *Address.* | |
| *Remarks,* | |

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. FILE & SON., CITY PRINTERS AND STATIONERS.

7246 K

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother,* (*state whether* 1st, 2d, 3d, &c.) Sixth

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* July 5

4. *Place of Birth,* (*Street and Number*) Baltimore South Paca N° 422

5. *Full Name of Mother,* Laura R. Adams

6. *Mother's Maiden Name,* Laura R. Craig

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John C. Adams

9. *Father's Occupation,* Plasterer

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Mc. Shaffer

*Address,* 114 Ridgley

*Remarks,*

E. FIST & CO., CITY PRINTERS AND STATIONERS.

72466

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5st July
4. Place of Birth, (Street and Number) Baltimore 218 Bond st.
5. Full Name of Mother, Catherinie ~~Schäufele~~ Discher
6. Mother's Maiden Name, Catherinie Schäufele.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Herman Discher,
9. Father's Occupation, Cigarmaker,
10. Father's Birthplace, Dramburg. Germany.

Name of Medical Attendant, or other Person who makes this Return Ms. Weiß Gebauer

Address, No 28. N. Frederickstrit

Remarks, 7 month

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

73467

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 5th of July
4. Place of Birth, (Street and Number) 90 Fairmount Ave.
5. Full Name of Mother, Rebecca Woelper
6. Mother's Maiden Name, Rebecca Meyers
7. Mother's Birthplace, New York.
8. Full Name of Father, Benjamin Franklin Woelper.
9. Father's Occupation, Ship Joiner.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Susan Morgan

Address, 47 N. Durham St.

Remarks,

...exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...PIET & CO., CITY PRINTERS AND STATIONERS.

12468

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1884
4. Place of Birth, (Street and Number) No 70 Granby St
5. Full Name of Mother, Susan Siemon
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Germany
8. Full Name of Father, William Siemon
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Siemon

Address, No 70 Granby St.

Remarks,

HEALTH DEPARTMENT JUL 10 1884 BALTIMORE

...the Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth. The said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IET & CO., CITY PRINTERS AND STATIONERS.

72469

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 6. 1884
4. *Place of Birth, (Street and Number)* 351 E. Monument
5. *Full Name of Mother,* Mary ~~Mc-Mir~~ Dallam
6. *Mother's Maiden Name,* " Mc-Mir
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Benjamin Dallam
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Harford Co Md

*Name of Medical Attendant,* or other Person who makes this Return D. Streett M.D.

*Address,* 143 N. Exeter St.

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS

72470

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 8 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1884.
4. Place of Birth, (Street and Number) 2 Eden
5. Full Name of Mother, Ella Sumwalt
6. Mother's Maiden Name, Harman
7. Mother's Birthplace, Annearundel Co. Md.
8. Full Name of Father, Jno A. Sumwalt
9. Father's Occupation, Ice dealer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D.

Address,

Remarks,

B. PIET & CO., CITY PRINTERS AND STATIONERS.

72 471

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex*, (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* July 6th 1884
4. *Place of Birth*, (Street and Number) 10 Whatcroft St
5. *Full Name of Mother*, Maggie Lee
6. *Mother's Maiden Name*, Unknown
7. *Mother's Birthplace*, "
8. *Full Name of Father*, Saml. Lee
9. *Father's Occupation*, Unknown
10. *Father's Birthplace*, Maryland

*Name of Medical Attendant*, or other Person who makes this Return. No One

*Address*,

*Remarks*, Geo. E. Brown Sanitary Inspector

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co. City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th July 1884

4. Place of Birth, (Street and Number) 111, Gallerson Park Ave.

5. Full Name of Mother, Amelia Koretter

6. Mother's Maiden Name, Burgner

7. Mother's Birthplace, West Canton

8. Full Name of Father, Herman Koretter

9. Father's Occupation, Shoemaker,

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Riley

Address, No 12 Gallerson Park Ave.

Remarks,

crate register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PIET & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

7247

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eighth |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 6 1884. |
| *4. Place of Birth (Street and Number)* | 28 Fremont Ave. |
| *5. Full Name of Mother* | Mary Hedeman |
| *6. Mother's Maiden Name* | " Beers |
| *7. Mother's Birthplace* | Howard Co. Md. |
| *8. Full Name of Father* | Henry Hedeman |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. B. Rider |
| *Address* | 195 N. Fremont St. |
| *Remarks* | |

# RETURN OF A BIRTH

72474

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 6th 1884
4. *Place of Birth, (Street and Number)* No. 2 Parish Alley, between Tenant and Winchester
5. *Full Name of Mother,* Elizabeth Dorsey Jones
6. *Mother's Maiden Name,* Elizabeth Dorsey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Jones
9. *Father's Occupation,* Butcher's Assistant
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Samuel J. Foot M.D.

*Address,* 361 N. Broadway, Baltimore City

*Remarks,*

"The only physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO. CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72475

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 12 1904 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 8 of June 04
4. Place of Birth, (Street and Number) Hennrietta 192
5. Full Name of Mother, Alice galloway
6. Mother's Maiden Name, Earl
7. Mother's Birthplace, Lynchburg Va
8. Full Name of Father, William galloway
9. Father's Occupation, laborer
10. Father's Birthplace, Swan Hill N D

Name of Medical Attendant, or other Person who makes this Return D Wilson

Address, ~~309~~ 308 Howard St

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. PUE & SON, CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

72476

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 10 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 15
4. *Place of Birth, (Street and Number)* 9½ Chesnut st
5. *Full Name of Mother,* Lizzie Lively
6. *Mother's Maiden Name,* Lizzie Hollis
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Brayton Lively
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Hearret Jackson

*Address,* No 5 Forest st

*Remarks,*

Under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred.) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

72477

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 10 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 9.

1. *Sex, (state whether male or female)* Feamail

2. *Race or Color, (if not of the white race)* Colard

3. *Date of Birth,* No 54 East st

4. *Place of Birth, (Street and Number)* June 16

5. *Full Name of Mother,* Lizzie Sutton

6. *Mother's Maiden Name,* Lizzie Turner

7. *Mother's Birthplace,* Tollert County

8. *Full Name of Father,* John Sutton

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Hearret Jackson

*Address,* No 5 Forest st

*Remarks,*

...under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

72478

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17th 1884.
4. *Place of Birth, (Street and Number)* 96 Sharp st
5. *Full Name of Mother,* Sophia Aschemeier
6. *Mother's Maiden Name,* " Koch
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry Aschemeier
9. *Father's Occupation,* Tailor
10. *Father's Birthplace.* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return O. L. Buddenbohn M.D.

*Address.* 166. S. Paca st.

*Remarks,*

[illegible] register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7E 479

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 13 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First, |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 25th |
| 4. *Place of Birth, (Street and Number)* | 692 Lexington St |
| 5. *Full Name of Mother,* | Mrs. Stella Gore |
| 6. *Mother's Maiden Name,* | Stella Pomeroy |
| 7. *Mother's Birthplace,* | Chicago |
| 8. *Full Name of Father,* | Saml. Gore |
| 9. *Father's Occupation,* | Commercial Traveler |
| 10. *Father's Birthplace,* | Carroll Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | T. Chew Worthington M D |
| *Address,* | No. 373 W. Fayette St. |
| *Remarks,* | |

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN P. FIET, PRINTER & STATIONER, BALT.

72480

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th 1884
4. *Place of Birth, (Street and Number)* 303 W Stricker St
5. *Full Name of Mother,* Mettie M Kirwan
6. *Mother's Maiden Name,* " " Roefoed
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert C Kirwan
9. *Father's Occupation,* Ship Chandler
10. *Father's Birthplace,* Dorchester Co Md

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St Per C.B.

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

. PIET & CO., CITY PRINTERS AND STATIONERS.

72481

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 14 1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 1884.
4. Place of Birth, (Street and Number) 18 Warner st
5. Full Name of Mother, Pauline Backhaus
6. Mother's Maiden Name, " Gubler
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Backhaus
9. Father's Occupation, Hat-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return C. L. Buddenbohn M.D.

Address. 166 S. Paca st.

Remarks.

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 11 1884 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | this is the 3. child |
| 1. *Sex (state whether male or female)* | this is a female child |
| 2. *Race or Color (if not of the white race)* | this is a Colloured child |
| 3. *Date of Birth* | Birth the 29 of June - 1884. |
| 4. *Place of Birth (Street and Number)* | No. 41 St Mary. Street |
| 5. *Full Name of Mother* | Mrs Sarah Elizabeth Jones |
| 6. *Mother's Maiden Name* | Sarah Elizabeth Bryant. |
| 7. *Mother's Birthplace* | Culpepper " " " Va |
| 8. *Full Name of Father* | " " " John Thomas Jones |
| 9. *Father's Occupation* | Janitor at Eaton & Burnetts College |
| 10. *Father's Birthplace* | " " " In Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mamma Sarah Gibson. |
| *Address* | " 125 Locust " " alley |
| *Remarks* | all correct " " |

72482

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 30 ed 1884
4. Place of Birth, (Street and Number) No. 294 Cross st.
5. Full Name of Mother, Cathern Hecker
6. Mother's Maiden Name, Weisbrodt
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry Hecker
9. Father's Occupation, Baker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

7 2 4 84

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 1/84 |
| 4. *Place of Birth, (Street and Number)* | 203 N. Fremont |
| 5. *Full Name of Mother,* | Maria A. Robertson |
| 6. *Mother's Maiden Name,* | Young |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | N. C Robertson |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return | Thos Opie M.D. |
| *Address,* | 179 N. Howard |
| *Remarks,* | |

B. FIAT & CO., CITY PRINTERS AND STATIONERS.

72485

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1 1884
4. *Place of Birth, (Street and Number)* 87 Boyd Street
5. *Full Name of Mother,* Annie Brown
6. *Mother's Maiden Name,* Annie Kirby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thymothy Brown
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Hunter

*Address,* 21 No Pappelton

*Remarks,*

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...n Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 1st 1884. |
| 4. *Place of Birth, (Street and Number)* | 241 W Fayette st |
| 5. *Full Name of Mother,* | Mary Hertel |
| 6. *Mother's Maiden Name,* | " North |
| 7. *Mother's Birthplace,* | Dorchester Co. Md |
| 8. *Full Name of Father,* | Andrew Hertel |
| 9. *Father's Occupation,* | Barber |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | C. L. Buddenbohn M.D. |
| *Address,* | 166 S. Paca st. |
| *Remarks,* | |

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PIET & CO., CITY PRINTERS AND STATIONERS.

72487

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT. JUL 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20/84
4. *Place of Birth, (Street and Number)* 23 S. Eutaw St
5. *Full Name of Mother,* Fanny Hahn (formerly Finnaman)
6. *Mother's Maiden Name,* Fannie Hahn
7. *Mother's Birthplace,* Dubuque Iowa
8. *Full Name of Father,* August Finnaman
9. *Father's Occupation,* Ice Dealer
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return H. L. Spicer MD

*Address,* 387 W Lombard St

*Remarks,*

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...ULARY & CO., CITY PRINTERS AND STATIONERS

72488

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 2nd July
4. Place of Birth (Street and Number) 100 Fulton St
5. Full Name of Mother Florence Alverta Hobeck
6. Mother's Maiden Name F A King
7. Mother's Birthplace Baltimore
8. Full Name of Father George Wesley Hobeck
9. Father's Occupation Laborer
10. Father's Birthplace Petersburg Virginia

Name of Medical Attendant, or other Person who makes this Return. Rosa Anderson

Address 369 Mt Lemery St

Remarks

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72489

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3rd 1884
4. *Place of Birth, (Street and Number)* 48 Barre St
5. *Full Name of Mother,* Sarah Rosenstein
6. *Mother's Maiden Name,* Neusbaum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adolph Rosenstein
9. *Father's Occupation,* Dry Goods Jober
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St. pr. D.B.

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

B. PIET & CO., CITY PRINTERS AND STATIONERS.

72490

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* July 3d 1884 . 8 P.M
4. *Place of Birth, (Street and Number)* Baltimore 46 Castel st
5. *Full Name of Mother,* Mary Burick
6. *Mother's Maiden Name,* Mary Elliott
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Eleven Burick
9. *Father's Occupation,* Boot Sieter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Julia Groom

*Address,* 466 gay st

*Remarks,*

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

R. PIET & CO., CITY PRINTERS AND STATIONERS.

72491

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 3 th 1884
4. Place of Birth, (Street and Number) do 35 Burn st
5. Full Name of Mother, Cathern Wroten
6. Mother's Maiden Name, Schesh.
7. Mother's Birthplace, America
8. Full Name of Father, Charles Wroten
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return J Schuasser midwife

Address, 330 Hanover st.

Remarks,

...of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...B. PILT & CO., CITY PRINTERS AND STATIONERS.

72492

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 Orleans st
4. *Place of Birth, (Street and Number)* 4th July 1884
5. *Full Name of Mother,* Emilie Hill
6. *Mother's Maiden Name,* Haines
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Wm Hill
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Westminster Md

*Name of Medical Attendant,* or other Person who makes this Return Mrs Rulbig

*Address,* #118 Hollander st Balto Md

*Remarks,*

...of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7249

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* July 4
4. *Place of Birth, (Street and Number)* Baltimore 176 Dover st
5. *Full Name of Mother,* Bridget Leonard
6. *Mother's Maiden Name,* Bridget Smith
7. *Mother's Birthplace,* Birthplace Ireland
8. *Full Name of Father,* Samuel Leonard
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Birthplace Ireland

*Name of Medical Attendant,* or other Person who makes this Return Ann Thornton

*Address,*

*Remarks,* South Baltimore 249 Battery ave

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

24911

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) wht
3. Date of Birth, June 4. 1884
4. Place of Birth, (Street and Number) 115 Lanvale st
5. Full Name of Mother, Mary M (Crane) Turner
6. Mother's Maiden Name, Mary M Crane
7. Mother's Birthplace, Missouri
8. Full Name of Father, Paul Turner
9. Father's Occupation, Insurance Agt & Banker
10. Father's Birthplace, W. Va

Name of Medical Attendant, or other Person who makes this Return G Lane Tanyhill

Address, 219 Madison ave

Remarks, Face presentation. Chloroform used. Child taken with instruments; lived

exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. PIET & CO., CITY PRINTERS AND STATIONERS.

72495

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1884
4. *Place of Birth, (Street and Number)* 74½ Harrison St.
5. *Full Name of Mother,* Mrs Ida Levy
6. *Mother's Maiden Name,* Ida Basha
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Joseph Levy
9. *Father's Occupation,* Pedler
10. *Father's Birthplace,* Poland

*Name of Medical Attendant,* or other Person who makes this Return Wm. Reiß Gebauer

*Address,* No 28. N. Frederick St

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N B. PIET & CO., CITY PRINTERS AND STATIONERS.

75496

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT
12
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 5 th 1884
4. Place of Birth, (Street and Number) 252 Hanover st.
5. Full Name of Mother, Elise Keil
6. Mother's Maiden Name, Krepp
7. Mother's Birthplace, America
8. Full Name of Father, Henry Keil
9. Father's Occupation, Cabinetmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return J. Schwarzer midwife

Address, 330 Hanover st.

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N. E. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7497

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* July 5 - 84

4. *Place of Birth, (Street and Number)* 1132 W Pratt st

5. *Full Name of Mother,* ~~Emma~~ ~~Libby~~ Emma Libby

6. *Mother's Maiden Name,* Cox

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* Frank Libby

9. *Father's Occupation,* Keeper

10. *Father's Birthplace,* Va

*Name of Medical Attendant,* or other Person who makes this Return — St Nelson MD

*Address,* Pratt & Calhoun

*Remarks,*

WM. J. C. DULANY & CO., STATE PRINTERS AND STATIONERS.

77498

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUL
11
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 July
4. Place of Birth, (Street and Number) Highlandtown
5. Full Name of Mother, Katie From
6. Mother's Maiden Name, Gohlinghorst
7. Mother's Birthplace, America
8. Full Name of Father, Henry From
9. Father's Occupation, Butcher
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 12 E. Lombard

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any range shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N P. PIET & CO., CITY PRINTERS AND STATIONERS.

73499

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 11 1894 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 July
4. *Place of Birth, (Street and Number)* 280 Exeter
5. *Full Name of Mother,* Sarah Goldstrong
6. *Mother's Maiden Name,* Rosenstein
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Bernhardt Goldstrong
9. *Father's Occupation,* Store-keeper
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

F. PIET & CO., CITY PRINTERS AND STATIONERS.

72800

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6th 1884
4. *Place of Birth, (Street and Number)* 306 Cross St
5. *Full Name of Mother,* Sophie Vaeth
6. *Mother's Maiden Name,* Mengel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo F Vaeth
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D.

*Address,* 146 Hanover St

*Remarks,*

[illegible] Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 July
4. Place of Birth, (Street and Number) 205 Bond
5. Full Name of Mother, Annie Moorelock
6. Mother's Maiden Name, Petro
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John M. Moorelock
9. Father's Occupation, Carpentar
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard

Remarks,

HEALTH DEPARTMENT JUL 11 1884 BALTIMORE

...under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...E. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7502

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL
13
1884
BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | Sixth of July |
| 4. *Place of Birth, (Street and Number)* | Mason Alley No 51 |
| 5. *Full Name of Mother,* | Ann Myers |
| 6. *Mother's Maiden Name,* | Ann McClain |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Myers |
| 9. *Father's Occupation,* | Porter |
| 10. *Father's Birthplace,* | Baltimore Co |
| *Name of Medical Attendant,* or other Person who makes this Return | Lucinda Forsyth |
| *Address,* | Garden Alley No 13 |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF ~~A BIRTH~~. Twins 72503

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Confinement

1. Sex (state whether Male or Female) Two Girls
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth July 6th, 1884
4. Place of Birth (Street and Number) 174 W Biddle St.
5. Full Name of Mother Lucy A. Chase
6. Mother's Maiden Name Duckett
7. Mother's Birthplace Knoxville Frederick Co. Md.
8. Full Name of Father Daniel D. Chase
9. Father's Occupation Waiter
10. Father's Birthplace Cambridge Md.

Name of Medical Attendant, or other Person who makes this Return. S. K. Merrick

Address 209 W Biddle St.

Remarks

72504

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* 6th July 84
4. *Place of Birth, (Street and Number)* 91 Harrison st
5. *Full Name of Mother,* Sarah Sacholski
6. *Mother's Maiden Name,* Kronheim
7. *Mother's Birthplace,* Poland Germany
8. *Full Name of Father,* Isaac Sacholski
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Poland Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Kalbig

*Address,* #118 Holland st

*Remarks,*

Balto Md

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...N B. PIET & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF ~~A BIRTH~~ Twins 12503

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Second Confinement |
| 1. *Sex (state whether Male or Female)* | Two Girls |
| 2. *Race or Color (if not of the white race)* | Mulatto |
| 3. *Date of Birth* | July 6th, 1884 |
| 4. *Place of Birth (Street and Number)* | 174 W Biddle St. |
| 5. *Full Name of Mother* | Lucy A. Chase |
| 6. *Mother's Maiden Name* | Hackett |
| 7. *Mother's Birthplace* | Knoxville Tennessee Co. Md. |
| 8. *Full Name of Father* | Daniel D. Chase |
| 9. *Father's Occupation* | Waiter |
| 10. *Father's Birthplace* | Cambridge Md. |
| *Name of Medical Attendant, or other Person who made this Return.* | S. K. Warwick |
| *Address* | 209 W Biddle St. |
| *Remarks* | |

***rect Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72504

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, 6th July 84
4. Place of Birth, (Street and Number) 91 Harrison st
5. Full Name of Mother, Sarah Sacholski
6. Mother's Maiden Name, Kronheim
7. Mother's Birthplace, Poland Germany
8. Full Name of Father, Isaac Sacholski
9. Father's Occupation, Merchant
10. Father's Birthplace, Poland Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Kalbio

Address, #118 Holland st

Remarks, Balto Md

...of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...IN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72505

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 7 1884 SANITARY BUREAU

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 1st. Premature

1. *Sex,* (state whether male or female) Male & Female

2. *Race or Color,* (if not of the white race) white

3. *Date of Birth,* July 6th 1884 –

4. *Place of Birth,* (Street and Number) Belair ave, opposite Brewery

5. *Full Name of Mother,* Juliana Büchlein

6. *Mother's Maiden Name,* Juliana Messinger

7. *Mother's Birthplace,* Hanau – Germany

8. *Full Name of Father,* Charles Büchlein

9. *Father's Occupation,* Cabinet maker

10. *Father's Birthplace,* Asia – Germany

*Name of Medical Attendant,* or other Person who makes this Return. Farrell Martin, M.D.

*Address,* Belair ave

*Remarks,* Premature parturition – about 7 month of gestation.

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

7506

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 7th
4. *Place of Birth, (Street and Number)* # 3 Smith St.
5. *Full Name of Mother,* Sarah Griffis
6. *Mother's Maiden Name,* Sarah Brooks.
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* John Griffis.
9. *Father's Occupation,* Bootblack.
10. *Father's Birthplace,* Frederick. Md.

*Name of Medical Attendant,* or other Person who makes this Return John G. Huck M.D.

*Address,* # 225 Argyle Ave

*Remarks,*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th
4. Place of Birth, (Street and Number) 179 West st
5. Full Name of Mother, Caroline Butz
6. Mother's Maiden Name, Meyer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Louis Butz
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return A. L. Buddenbohn M.D.

Address, 166 S. Paca st,

Remarks,

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

11508

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July. 7th. 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Leonard. st 463 |
| 5. *Full Name of Mother,* | Mary ~~Kennedy~~ Fireney |
| 6. *Mother's Maiden Name,* | " |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | John. Kennedy |
| 9. *Father's Occupation,* | Police |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. C. Mitchell |
| *Address,* | No. 54 Schroder st. |
| *Remarks,* | |

Every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

77509

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 14 1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 7th 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Oregan st. No. 56 |
| 5. *Full Name of Mother,* | Kate Joyce |
| 6. *Mother's Maiden Name,* | " Elmesmith |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Joyce |
| 9. *Father's Occupation,* | Machinist |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. C. Mitchell |
| *Address,* | No. 54 Schroder st. |
| *Remarks,* | |

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be by at the time upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

N F. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7510

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE.

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7th 1884
4. *Place of Birth, (Street and Number)* 166 Light St.
5. *Full Name of Mother,* Ellen L. Hickey
6. *Mother's Maiden Name,* " " Childs
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Dennis H. Hickey
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Wm Gombel M.D.

*Address,* 170 S. Sharp St.

*Remarks,*

JOHN B. PIET, PRINTER & STATIONER, BALT.

of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 14
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, July the 4th
4. Place of Birth, (Street and Number) Baltimore Leeds St No 2
5. Full Name of Mother, mary geisler
6. Mother's Maiden Name, Gamm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John geisler
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Elizabeth Kathern

Address, William St No 324

Remarks,

IS B. PILT & CO., CITY PRINTERS AND STATIONERS.

12512

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 7th 1884 |
| 4. *Place of Birth, (Street and Number)* | 129 N. Hopkins Ave |
| 5. *Full Name of Mother,* | Helen Gilchett |
| 6. *Mother's Maiden Name,* | " Jarvis |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | W. J. Gilchett |
| 9. *Father's Occupation,* | Lieutenant |
| 10. *Father's Birthplace,* | Va |
| *Name of Medical Attendant,* or other Person who makes this Return | Theodore Cook M.D. |
| *Address,* | 1162 Eastern Ave |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7251 3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1884 BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first Child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white race

3. *Date of Birth,* 7 July

4. *Place of Birth, (Street and Number)* bird Street

5. *Full Name of Mother,* Catherine Meeglochlan

6. *Mother's Maiden Name,* Catherine Casey

7. *Mother's Birthplace,* birthplace Jerland

8. *Full Name of Father,* Locke meeglochlan

9. *Father's Occupation,* Labourer

10. *Father's Birthplace,* Birthplace Jerland

*Name of Medical Attendant,* or other Person who makes this Return Jno Thornton

*Address,* South Baltimore 249

*Remarks,* Patrick Ave

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

12814

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 9 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, July the 7 1884.

4. Place of Birth, (Street and Number) Alice Ann St. No 162

5. Full Name of Mother, Ernestine Neumann

6. Mother's Maiden Name, Ernestine Körner

7. Mother's Birthplace, Balto City

8. Full Name of Father, John M. Neumann

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7/2515

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL BALTIMORE

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fourth child

1. *Sex, (state whether male or female)* Male –
2. *Race or Color, (if not of the white race)* Brown Skin –
3. *Date of Birth,* July 7th 1884 –
4. *Place of Birth, (Street and Number)* # 89. Arch. St
5. *Full Name of Mother,* Annie - Ringold
6. *Mother's Maiden Name,* Annie Smith
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Stephan Ringold
9. *Father's Occupation,* Mattress Maker
10. *Father's Birthplace,* Eastern Shore Md

*Name of Medical Attendant,* or other Person who makes this Return Harriet Hammond

*Address,* # 65 arch St

*Remarks,* Born in A Robust + healthy condition

O. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 72516

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | F |
| 2. *Race or Color, (if not of the white race)* | C |
| 3. *Date of Birth,* | July 7- 1884 |
| 4. *Place of Birth, (Street and Number)* | 5 Mason al |
| 5. *Full Name of Mother,* | Sarah Myers |
| 6. *Mother's Maiden Name,* | ? |
| 7. *Mother's Birthplace,* | ? |
| 8. *Full Name of Father,* | Wm Myers |
| 9. *Father's Occupation,* | Servt |
| 10. *Father's Birthplace,* | ? |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr. R. Winslow |
| *Address,* | |
| *Remarks,* | |

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

73517

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 1st Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 7 of July 1884 |
| 4. *Place of Birth, (Street and Number)* | North West corner Preston and Paca Street |
| 5. *Full Name of Mother,* | Annie Larkin |
| 6. *Mother's Maiden Name,* | Annie Gilchrist |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Larkin |
| 9. *Father's Occupation,* | Car driver |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christina Lauer |
| *Address,* | No 173 Hanford Ave |
| *Remarks,* | Baltimore Md. 1884 |

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN R. PIET & ASS., CITY PRINTERS AND STATIONERS.

72118

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE JUN 18 1884

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5-t

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 7th 1884
4. *Place of Birth, (Street and Number)* 49 Burgundy ally
5. *Full Name of Mother,* Emma Woods
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto City Md
8. *Full Name of Father,* William Woods
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* accomac Co Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Deborah Thomas

*Address,* 71 Burgundy alley

*Remarks,*

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a Birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72519

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7th 84
4. *Place of Birth, (Street and Number)* 143 Hollins st
5. *Full Name of Mother,* Annie Rebecca Long
6. *Mother's Maiden Name,* " " Cathcart
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Adolphus John Long
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* New York

*Name of Medical Attendant,* or other Person who makes this Return. Jas E. Gibbons M.D.

*Address,* 47 Edmondson Ave

*Remarks,*

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

7320

HEALTH DEPARTMENT JUL 16 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th
4. Place of Birth, (Street and Number) Harford Avenue N° 21
5. Full Name of Mother, Mary Virginia Henderson
6. Mother's Maiden Name, Mary Virginia Arthur
7. Mother's Birthplace, Harford County Md.
8. Full Name of Father, George W. Henderson
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return John Miller M.D.

Address, 106 N. Eutaw Street

Remarks,

JOHN B. FORT & CO., CITY PRINTERS AND STATIONERS.

7252-1

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or female)* | Males |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 8th 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Scott st No. 46 |
| 5. *Full Name of Mother,* | Jennie Benson |
| 6. *Mother's Maiden Name,* | McCall |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Joseph. Benson |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. C. Mitchell |
| *Address,* | No. 54 Schroder |
| *Remarks,* | Twins |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

GIVEN DATE ISSUED 8-8-89

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 1884 BALTIMORE.

James Charles Kammer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th
4. Place of Birth, (Street and Number) 213 Scott.
5. Full Name of Mother, Henricke Kammer
6. Mother's Maiden Name, " Keiser
7. Mother's Birthplace, Germany
8. Full Name of Father, George Kammer
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return C. L. Buckler M.D.

Address, 166 S. Paca St.

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7253

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUL 15 1894
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | colored |
| 3. *Date of Birth,* | july 8th |
| 4. *Place of Birth, (Street and Number)* | 163 park st |
| 5. *Full Name of Mother,* | eliza james |
| 6. *Mother's Maiden Name,* | eliza grace |
| 7. *Mother's Birthplace,* | colbert, county, md |
| 8. *Full Name of Father,* | george edward james |
| 9. *Father's Occupation,* | labour |
| 10. *Father's Birthplace,* | kent county md |
| *Name of Medical Attendant,* or other Person who makes this Return | mrs Lydia potter |
| *Address,* | no 4 patsco avenue |
| *Remarks,* | healthy child |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PITT & CO., CITY PRINTERS AND STATIONERS.

7554

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 15 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 8th 1884
4. Place of Birth, (Street and Number) 66 Davis St.
5. Full Name of Mother, Maria Ryan
6. Mother's Maiden Name, Maria Mitchell
7. Mother's Birthplace, Edenton N.C.
8. Full Name of Father, John Ryan
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Edward E. Mackenzie M.D.

Address, 69 Franklin St

Remarks, Not any

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72525

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1. first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Juli 8 – 1884
4. *Place of Birth, (Street and Number)* 166. S. Fremont st
5. *Full Name of Mother,* Marie Hooke
6. *Mother's Maiden Name,* Marie Jegel
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Julian B. Hooke
9. *Father's Occupation,* Traveling Agent
10. *Father's Birthplace,* South America

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Kunigunda Schlifer

*Address,* 20 Columbia Ct.

*Remarks,*

*Correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

7252 6

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1934 BALTIMORE

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother,* (*state whether* 1st, 2d, 3d, &c.) .....

1. *Sex,* (*state whether male or female*) ..... male
2. *Race or Color,* (*if not of the white race*) ..... white
3. *Date of Birth,* ..... 8 June
4. *Place of Birth,* (*Street and Number*) ..... Chapple St.
5. *Full Name of Mother,* ..... Susia Briggs
6. *Mother's Maiden Name,* ..... Susia Harris
7. *Mother's Birthplace,* ..... Baltimore City
8. *Full Name of Father,* ..... Frank Briggs
9. *Father's Occupation,* ..... Laber
10. *Father's Birthplace,* ..... Baltimore Md. D.

*Name of Medical Attendant,* or other Person who makes this Return. .....

*Address,* .....

*Remarks,* .....

.....

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH.

72527

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 8th 1884 |
| *4. Place of Birth (Street and Number)* | 98 North Ave. |
| *5. Full Name of Mother* | Mary Mercer Pennington |
| *6. Mother's Maiden Name* | Mercer |
| *7. Mother's Birthplace* | Baltimore County |
| *8. Full Name of Father* | Archibald Stirling Pennington |
| *9. Father's Occupation* | Lawyer ~~Baltimore~~ |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. E. Lindsay M.D. |
| *Address* | 23 Read St |
| *Remarks* | The boy weighed 13¼ pounds |

75828

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 11 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 8 July |
| 4. *Place of Birth, (Street and Number)* | 44 President |
| 5. *Full Name of Mother,* | Fannie Summearer |
| 6. *Mother's Maiden Name,* | Onarossen |
| 7. *Mother's Birthplace,* | Italy |
| 8. *Full Name of Father,* | Ferred Summearer |
| 9. *Father's Occupation,* | Boarding house |
| 10. *Father's Birthplace,* | Italy |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 12. E. Lombard |
| *Remarks,* | |

JOHN P. PIET & CO., CITY PRINTERS AND STATIONERS.

7259

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 11 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 8 July
4. Place of Birth, (Street and Number) 66 President
5. Full Name of Mother, Mary Beasser
6. Mother's Maiden Name, Growell
7. Mother's Birthplace, Italy
8. Full Name of Father, Danny Beasser
9. Father's Occupation, Labourer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72. E. Lombard

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents or such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN F. FIET & CO., CITY PRINTERS AND STATIONERS.

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

72530

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 July
4. *Place of Birth, (Street and Number)* 22 Skinners alley
5. *Full Name of Mother,* Treasy Ditmeyer
6. *Mother's Maiden Name,* Mann
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Geo. Ditmeyer
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 92. E. Lombard

*Remarks,*

JOHN E. PIET & CO., CITY PRINTERS AND STATIONERS.

72531

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex (~~state whether male or~~ female)*
2. *Race or Color ~~(if not~~ of the white race)*
3. *Date of Birth* 7. 8. 84.
4. *Place of Birth (Street and Number)* 64 Pine St
5. *Full Name of Mother* Kate Magruder
6. *Mother's Maiden Name* Hargadon
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Robt. Magruder
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace* Balto

*Name of Medical Attendant,* or other Person who makes this Return. W. W. Eastman

*Address* 849 Lexington

*Remarks* Forb Presentation

**Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72532

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* 8 July
4. *Place of Birth, (Street and Number)* No. 514 E Chase St.
5. *Full Name of Mother,* Louisa Volk
6. *Mother's Maiden Name,* McKenney
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Andrew Volk
9. *Father's Occupation,* Moulder.
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Louisa Schulte

*Address,* No. 246 E Chew Str. Co. Ann

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PLAT & SON, CITY PRINTERS AND STATIONERS.

7 2 5 B B

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL
17
1934
BALTIMORE

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | 8 of July |
| 4. *Place of Birth* (Street and Number) | 41 Shuter st |
| 5. *Full Name of Mother* | Mary Anderson (wife) Reid |
| 6. *Mother's Maiden Name* | Mary Anderson |
| 7. *Mother's Birthplace* | Baltimore |
| 8. *Full Name of Father* | James H. Reid |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace* | Virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Annie Dunbar |
| *Address* | 122 north Dallas st |
| *Remarks* | |

72534

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 1 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 8 of July 1884
4. *Place of Birth, (Street and Number)* No 210 N. Eden Street
5. *Full Name of Mother,* Jennie Sakolski
6. *Mother's Maiden Name,* Jennie Goldfarb
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Lewis Sakolski
9. *Father's Occupation,* Agent for the Singer Sewing Machine
10. *Father's Birthplace,* Poland

*Name of Medical Attendant,* or other Person who makes this Return Mrs C Kristina Lauer

*Address,* No 173 Harford Ave

*Remarks,* Baltimore Md 1884

HEALTH DEPARTMENT BALTIMORE

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred.) Its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72535

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* July the 9th
4. *Place of Birth, (Street and Number)* Baltimore Battery av No 86
5. *Full Name of Mother,* virginia groves
6. *Mother's Maiden Name,* younger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James H C groves
9. *Father's Occupation,* Brick laer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Elisabeth Hathorn

*Address,* William st No 374

*Remarks,*

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

7753

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child of any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 9th 1884 7 P.M. |
| 4. *Place of Birth, (Street and Number)* | 407 Eden st Baltimore |
| 5. *Full Name of Mother,* | Philipina Hoobler |
| 6. *Mother's Maiden Name,* | Philipina Kupfer |
| 7. *Mother's Birthplace,* | Hessen Darmstadt |
| 8. *Full Name of Father,* | Leonhard Hoobler |
| 9. *Father's Occupation,* | Paver |
| 10. *Father's Birthplace,* | Biere Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Julia Groom |
| *Address,* | 466 Grey St Bal |
| *Remarks,* | |

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 5-28-57 12537

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) 4th William Ludwig Katzenberger

1. *Sex,* (state whether male or female) ~~Female~~ Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* July 9th 1884.
4. *Place of Birth,* (Street and Number) No 623 Light st.
5. *Full Name of Mother,* Mary Katzenberger
6. *Mother's Maiden Name,* Mary S Spiegel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Katzenberger
9. *Father's Occupation,* Turner
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Fleming

*Address,* No 18 Byrd st.

*Remarks,*

HEALTH DEPARTMENT JUL 16 1884 BALTIMORE

***Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverible.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72538

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 15 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 9th |
| 4. *Place of Birth, (Street and Number)* | 402 Lexington |
| 5. *Full Name of Mother,* | Mrs. Hannah Norris McMahon |
| 6. *Mother's Maiden Name,* | " |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Joseph Norris |
| 9. *Father's Occupation,* | Shoe Jitter |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | T. Chew Worthington M.D. |
| *Address,* | No. 973 W. Fayette St |
| *Remarks,* | |

*Record of Vital Statistics in the City of Baltimore.*

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

72539

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 15 1884
BALTIMORE

*correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) | 2nd |
| 1. *Sex*, (*state whether male or female*) | Female |
| 2. *Race or Color*, (*if not of the white race*) | M |
| 3. *Date of Birth*, | July 9 |
| 4. *Place of Birth*, (*Street and Number*) | 46 Parkin St |
| 5. *Full Name of Mother*, | Ellen Stevens |
| 6. *Mother's Maiden Name*, | Ellen Manning |
| 7. *Mother's Birthplace*, | Baltimore |
| 8. *Full Name of Father*, | William H Stevens |
| 9. *Father's Occupation*, | Laborer |
| 10. *Father's Birthplace*, | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return | Mrs Mary Horigan |
| *Address*, | 112 Scott St |
| *Remarks*, | |

WM. O. DULANY & CO., CITY PRINTERS AND STATIONERS

72540

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | No 15 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Colord |
| 3. *Date of Birth,* | 9 of July |
| 4. *Place of Birth, (Street and Number)* | 120 Durham Street |
| 5. *Full Name of Mother,* | Amandia Commings |
| 6. *Mother's Maiden Name,* | Amandia Cogia |
| 7. *Mother's Birthplace,* | Anarand County |
| 8. *Full Name of Father,* | Simon Commings |
| 9. *Father's Occupation,* | he is a sick man |
| 10. *Father's Birthplace,* | in this city |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr Simon Morgan 147 Durham |
| *Address,* | 147 North Durham St |
| *Remarks,* | |

HEALTH DEPARTMENT JUL 15 1884 BALTIMORE

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

72541

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* No 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* on the 9th
4. *Place of Birth, (Street and Number)* 38 Mc Cobin St
5. *Full Name of Mother,* Martha Mirer
6. *Mother's Maiden Name,* Martha Barier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Mirer
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Rio Susan ~~Morgan~~

*Name of Medical Attendant,* or other Person who makes this Return Susan Morgan

*Address,* No 47 N. Durham St

*Remarks,*

HEALTH DEPARTMENT JUL 15 1884 BALTIMORE

*Record of Vital Statistics in the City of Baltimore.*

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72542

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 11 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 9, 1884
4. *Place of Birth, (Street and Number)* 21 Vincent al.
5. *Full Name of Mother,* Annie Anderson
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Unknown
8. *Full Name of Father,* Robert Anderson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* York, Pennsylvania

*Name of Medical Attendant,* or other Person who makes this Return W. Gray Smith

*Address,* Cor Townsend & Fremont St

*Remarks,*

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

12344 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 10 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 9/84 |
| 4. *Place of Birth, (Street and Number)* | 116 N. Pine |
| 5. *Full Name of Mother,* | Theresa Bryan |
| 6. *Mother's Maiden Name,* | Ambrose |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Edmund T Bryan |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Opie M.D. |
| *Address,* | 179 N. Howard |
| *Remarks,* | |

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*Record of Vital Statistics in the City of Baltimore.*

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73544

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

*Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

1. *Sex, (state whether male or female)* male Child
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* wednesday 9
4. *Place of Birth, (Street and Number)* Batrey avnue 267
5. *Full Name of Mother,* Lissey Barret
6. *Mother's Maiden Name,* Lissey roley
7. *Mother's Birthplace,* Birthplace Baltimore
8. *Full Name of Father,* antoney Barret
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Birthplace Ireland

*Name of Medical Attendant,* or other Person who makes this Return

*Address.*

*Remarks.* Anna Thornton

269 Batrey ave South Baltimore

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7251/5

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* white race

3. *Date of Birth,* wedensday 4 July

4. *Place of Birth, (Street and Number)* Batrey Lane 266

5. *Full Name of Mother,* Lissey Barret

6. *Mother's Maiden Name,* Lissey Roley

7. *Mother's Birthplace,* Birthplace Baltimore

8. *Full Name of Father,* Antoney Barret

9. *Father's Occupation,* Labourer

10. *Father's Birthplace,* Birthplace Ierland

*Name of Medical Attendant,* or other Person who makes this Return Ann Thornton

*Address,* Died 10 of Spasams

*Remarks,* at two oclock

*Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

72546

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 13 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 1 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 10th of July 1884 |
| 4. *Place of Birth, (Street and Number)* | No 197 Bond St. |
| 5. *Full Name of Mother,* | Ellen Noll |
| 6. *Mother's Maiden Name,* | Ellen Gerhardt |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Otto Noll |
| 9. *Father's Occupation,* | Machineist |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Christine Sauer |
| *Address,* | No 173 Hanford Ave |
| *Remarks,* | Baltimore Md 1884 |

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 12 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 10 th 1884

4. Place of Birth, (Street and Number) No. 54 little Church

5. Full Name of Mother, Louis Schamberg

6. Mother's Maiden Name, Fisce

7. Mother's Birthplace, Germany.

8. Full Name of Father, Cristian Schamberg

9. Father's Occupation, Storekeeper

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return J. Schwanke midwife

Address. 330 Hanover st

Remarks.

***Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 6.—And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JOHN E. PIET & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 16 1934
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 July
4. Place of Birth, (Street and Number) 126 Canale
5. Full Name of Mother, Mary Mann
6. Mother's Maiden Name, Staiger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Mann
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah E. Casper

Address, 72. E. Lombard

Remarks,

SECTION 6.—And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*Record of Vital Statistics in the City of Baltimore.*

JOHN P. FIET & CO., CITY PRINTERS AND STATIONERS.

72549

# RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 16 1894 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* Third

*1. Sex (state whether Male or Female)* Male

*2. Race or Color (if not of the white race)* White

*3. Date of Birth* July 10/94

*4. Place of Birth (Street and Number)* 70 N. Gay St

*5. Full Name of Mother* Annie Kothe

*6. Mother's Maiden Name* Annie Lammrich

*7. Mother's Birthplace* Balto Md

*8. Full Name of Father* William Kothe

*9. Father's Occupation* Baker

*10. Father's Birthplace* Balto Md

*Name of Medical Attendant,* or other Person who makes this Return. J. C. Skinner Md

*Address* 41 N. Carey St

*Remarks*

***Extract Regulations of the Board of Hea[illegible]l and correct Record of Vital Statistics in the [illegible]more.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Missing

72550

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

GIVEN NAME ADDED 4-6-84

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Julia Heath

1. Sex, ~~(state whether male or female)~~

2. Race or Color, ~~(if not of~~ the white race)

3. Date of Birth, 7-10-84

4. Place of Birth, (Street and Number) 335 Saratoga

5. Full Name of Mother, Eliza J. Heath

6. Mother's Maiden Name, Rochester

7. Mother's Birthplace, Md.

8. Full Name of Father, Geo. R. Heath

9. Father's Occupation, Carpenter

10. Father's Birthplace, Va.

Name of Medical Attendant, or other Person who makes this Return L. H. Eash

Address, 349

Remarks, Natural

[illegible] the month, and shall see form, as far as the same is in the case of the parents, the day and any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter [illegible] shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of [illegible] in the manner, and within the period above [illegible] required, except in the cases of the births and deaths of [illegible] legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] & CO., CITY [illegible] NTERS AND STATIONERS.

72552

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 10th 1884
4. *Place of Birth, (Street and Number)* Baltimore City College
5. *Full Name of Mother,* Minnie J. Hennick
6. *Mother's Maiden Name,* Minnie J. Dawes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis A Hennick
9. *Father's Occupation,* Janitor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Hall

*Address,* 95 Mulberry St

*Remarks,* Return made by Mr Hennick

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

7553

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 14 1894
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 10th 1894
4. Place of Birth, (Street and Number) 51 Burgundy Alley
5. Full Name of Mother,
6. Mother's Maiden Name, Rachel Williams
7. Mother's Birthplace, West River Maryland
8. Full Name of Father, Not Known
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. ~~Dr~~ Mrs Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] person or parents of such child, to report its birth to the [illegible] Commissioner of Health, in the manner and within the period [illegible] required, and any such person or persons who shall [illegible] fail to comply with the provisions of this section, shall be [illegible] subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72554

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4. fourth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Juli 10 – 1884
4. *Place of Birth, (Street and Number)* 122. S. Paca st.
5. *Full Name of Mother,* Marie E. Laughlin
6. *Mother's Maiden Name,* Marie E. Doyle
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Will. J. M. Laughlin
9. *Father's Occupation,* Shipping Clerk.
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Kunigunda Schlifer.

*Address,* 20 Columbia Ave.

*Remarks,*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

72555

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh Child

1. *Sex, (state whether male or female)* Little Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* July 10th 1884
4. *Place of Birth, (Street and Number)* Baltimore 521 Hollins st city
5. *Full Name of Mother,* Mrs. Degen
6. *Mother's Maiden Name,* Matilda Degan
7. *Mother's Birthplace,* Born in Baltimore city
8. *Full Name of Father,* Mr. Jacob Degen
9. *Father's Occupation,* Salesman by Trade
10. *Father's Birthplace,* Wertenberg Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Keller

*Address,* 1017 west Pratt st city

*Remarks,*

Murphy & Co., City Printers and Stationers.

72556

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 15 1884 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 10th 1884
4. Place of Birth (Street and Number) 21 Vincent St
5. Full Name of Mother Lizzie Whitney
6. Mother's Maiden Name Lizzie Whitney
7. Mother's Birthplace Maryland
8. Full Name of Father Henry Whitney
9. Father's Occupation Laborer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Jane Woodland

Address Midwife

Remarks

...advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

12557

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 18 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | June 22d 1884 |
| 4. *Place of Birth, (Street and Number)* | 8 Jenkins Alley |
| 5. *Full Name of Mother,* | Lucy Garrett |
| 6. *Mother's Maiden Name,* | Lucy Jarvis |
| 7. *Mother's Birthplace,* | Baltimore m. L. |
| 8. *Full Name of Father,* | William Garrett |
| 9. *Father's Occupation,* | Drayman |
| 10. *Father's Birthplace,* | Howard County m. L. |
| *Name of Medical Attendant,* or other Person who makes this Return | Hester Valence |
| *Address,* | 89 Government Street |
| *Remarks,* | |

places of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

72558

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 26
4. *Place of Birth (Street and Number)* to 64 Davis st
5. *Full Name of Mother* Kate Roberson
6. *Mother's Maiden Name* Kate Alex
7. *Mother's Birthplace* Va
8. *Full Name of Father* Joseph Roberson
9. *Father's Occupation* Horse driver
10. *Father's Birthplace* M.d.

*Name of Medical Attendant,* or other Person who makes this Return. Jno M Crook M.S.

*Address* 133 S Eyster st

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or chi

# RETURN OF A BIRTH.

72559

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
JUL 19 1894
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or chi[ldren].

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex* (~~state whether~~ Male ~~or Female~~) Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 1st 94
4. *Place of Birth (Street and Number)* 20 McKeldin St.
5. *Full Name of Mother* Mary Kaufman
6. *Mother's Maiden Name* Not known
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* David Kaufman
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Not known

*Name of Medical Attendant,* or other Person who makes this Return. J. M. Crook M.D.

*Address* 133 N Eutaw St Balto Md

*Remarks*

# RETURN OF A BIRTH.

12560

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 19 1894 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or chi[ldren].

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 2nd
4. *Place of Birth (Street and Number)* 30 Hillen st
5. *Full Name of Mother* Hannah Anderson
6. *Mother's Maiden Name* Hannah Ayers
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Anderson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Jno. Crook M.D.

*Address* 133 N Eutaw st

*Remarks*

72567

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 6th 84. |
| 4. *Place of Birth, (Street and Number)* | #72 Chas. St. |
| 5. *Full Name of Mother,* | Mary Vandrehle |
| 6. *Mother's Maiden Name,* | " Meyer |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Foster Vondrehle |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Kirk |
| *Address,* | 328 South Eutaw St. |
| *Remarks,* | |

HEALTH DEPARTMENT JUL 10 1884 BALTIMORE

...., CITY PRINTERS AND STATIONERS.

7256 2

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 18 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6 July
4. *Place of Birth (Street and Number)* Fort and Jackson St
5. *Full Name of Mother* Sarah Cathrine Elmer
6. *Mother's Maiden Name* Woodlind ~~Woodland~~
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph Henry Elmer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Jewell

*Address* 68 Fort Ave

*Remarks*

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7256 63

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | July 7th 1884 |
| 4. *Place of Birth, (Street and Number)* | 27 E Monument street |
| 5. *Full Name of Mother,* | Georgianna Page |
| 6. *Mother's Maiden Name,* | Georgianna Pritchard |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Thomas H Jenner |
| 9. *Father's Occupation,* | Porter |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return | Hester Clarence |
| *Address,* | 27 E monument street |
| *Remarks,* | |

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above ... any person or persons ... to a fine of ten dollars ... each offence, to be recovered as other fines and penalties are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 72564

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 8th 1884
4. *Place of Birth, (Street and Number)* 262 N. Calvert Street
5. *Full Name of Mother* Mary Whiteley
6. *Mother's Maiden Name* Mary Mathews
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Seth H Whiteley
9. *Father's Occupation* Stock Broker
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. H O Wilson Jr

*Address* 146 Park Av:

*Remarks*

...stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

22566

22565

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 8/84 |
| 4. *Place of Birth, (Street and Number)* | 116 N. Pine |
| 5. *Full Name of Mother,* | Annie Theresa Bryan |
| 6. *Mother's Maiden Name,* | " " Ambrose |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Edmund J. Bryan |
| 9. *Father's Occupation,* | Salesman |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return | Thos Opie M.D. |
| *Address,* | 179 N. Howard St |
| *Remarks,* | |

HEALTH DEPARTMENT JUL 10 1884 BALTIMORE

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above [illegible] fired, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72566

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 15 1894 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* 10 of July
4. *Place of Birth, (Street and Number)* No 11 Hunter st Baltimore
5. *Full Name of Mother,* Alice Baltimore
6. *Mother's Maiden Name,* Alice Edwards
7. *Mother's Birthplace,* Hanover Virginia
8. *Full Name of Father,* Benjamin Baltimore
9. *Father's Occupation,* Brick maker
10. *Father's Birthplace,* Richmond Virginia

*Name of Medical Attendant,* or other Person who makes this Return Mrs Morgan

*Address,* No 11 Durham st

*Remarks,*

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7 25 67

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 18 1884 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | |
| 1. *Sex (state whether Male or Female)* | female |
| 2. *Race or Color (if not of the white race)* | Color |
| 3. *Date of Birth* | July 11 1884 |
| 4. *Place of Birth (Street and Number)* | 42 Chesnut St |
| 5. *Full Name of Mother* | Rosanna Cummins |
| 6. *Mother's Maiden Name* | Rosanna Nicholas |
| 7. *Mother's Birthplace* | Baltimore Md |
| 8. *Full Name of Father* | Thomas Cummins |
| 9. *Father's Occupation* | Labourer |
| 10. *Father's Birthplace* | Louisville Pennsylvania |
| *Name of Medical Attendant, or other Person who makes this Return.* | Horace Commons |
| *Address* | No 45 East St Baltimore |
| *Remarks* | Midwife Eliza Commons dress 45 East St |

72568

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 16 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 July
4. *Place of Birth, (Street and Number)* 64 Market-space
5. *Full Name of Mother,* Mary Pister
6. *Mother's Maiden Name,* B Host
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Pister
9. *Father's Occupation,* Resturant
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

...birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 12 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1884
4. Place of Birth, (Street and Number) No 9 Byrd st
5. Full Name of Mother, Maggie Butler
6. Mother's Maiden Name, Maggie Tagg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Butler
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Hennessy

Address, No 18 Byrd st

Remarks, Died fifteen Hours after Birth Seven Months child

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72570

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 16 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th/84
4. Place of Birth, (Street and Number) 219 E Fayette St.
5. Full Name of Mother, Caroline Weigel Pahr
6. Mother's Maiden Name, Caroline Weigel
7. Mother's Birthplace, Germany
8. Full Name of Father, William F. Pahr
9. Father's Occupation, Restaurant Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mr Reiß Hebamme

Address, No 28. N Friedrichstrasse

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED, 1-26-59 72571

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Elsie C. Hutton First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, July 11th 1884

4. Place of Birth, (Street and Number) "The Crowns", Franklin Road

5. Full Name of Mother, Céleste Marguerite [redacted] Hutton | Baltimore Co

6. Mother's Maiden Name, Céleste Marguerite Winans

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Gavan McRobert Hutton

9. Father's Occupation, Merchant

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Paul F. Hynde M.D.

Address, 20 West 45th St.

Remarks, New York City

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 72572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1884 BALTIMORE

| | |
|---|---|
| [redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 9th Child |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 11 — 84 |
| 4. Place of Birth, (Street and Number) | 63 Burns St. |
| 5. Full Name of Mother, | Lizzie Knoop |
| 6. Mother's Maiden Name, | Lizzie Sauer |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | Knoop |
| 9. Father's Occupation, | Saloon Keeper |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other Person who makes this Return | Frank G Moyer M.D. |
| Address, | 1, S, Exeter St. |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

JULIANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7257

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11th 1884.

4. Place of Birth, (Street and Number) 429 N. Gilmor St

5. Full Name of Mother, Susan May Causey.

6. Mother's Maiden Name, Susan May Johnston.

7. Mother's Birthplace, Virginia

8. Full Name of Father, William W. Causey.

9. Father's Occupation, Upholsterer & Carpenter

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Addison C. Fox. Md

Address, 88 McCulloh St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

77577

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
19
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 12/84 |
| 4. *Place of Birth, (Street and Number)* | 197 N. Fremont St |
| 5. *Full Name of Mother,* | Kate ~~Graham~~ Barker |
| 6. *Mother's Maiden Name,* | Jacobs. |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Graham Barker |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | England |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Opie M.D. |
| *Address,* | 179 N Howard St |
| *Remarks,* | |

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 19 1884 BALTIMORE MD

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 12. 1884
4. Place of Birth, (Street and Number) #227 N. Bond St. Balto. Md.
5. Full Name of Mother, Mary Rupert
6. Mother's Maiden Name, Mazur
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father. Martin Rupert
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, #15 Walker St. Balto Md

Remarks,

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12th/84
4. *Place of Birth, (Street and Number)* 33 N. Amity
5. *Full Name of Mother,* Mary E Crotty
6. *Mother's Maiden Name,* " " McGowan
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* George P Crotty
9. *Father's Occupation,* Hackman
10. *Father's Birthplace,* Balt

*Name of Medical Attendant,* or other Person who makes this Return Thos Opie M.D.

*Address,* 179 N Howard.

*Remarks,*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dolla[illegible] each offence, to be recovered as other fines and pen[illegible] are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 21 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 12th 84
4. Place of Birth, (Street and Number) 527 W. Fayette St.
5. Full Name of Mother, Alice E. Hush
6. Mother's Maiden Name, " " McCabe
7. Mother's Birthplace, Md
8. Full Name of Father, Emil L. Hush
9. Father's Occupation, Harness maker
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return — D. Miller M.D.

Address, 188 Franklin St.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

73578

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 12th 84
4. *Place of Birth, (Street and Number)* 161 W Lombard st
5. *Full Name of Mother,* Rebecca Robinson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Don't know
9. *Father's Occupation,* " "
10. *Father's Birthplace,* " "

*Name of Medical Attendant,* or other Person who makes this Return W. C. Chapman MD.

*Address,* 161 W Lombard st

*Remarks,*

...birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

12579

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12 - '84
4. Place of Birth, (Street and Number) 161 W. Lombard st.
5. Full Name of Mother, Annie Leland
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father, Don't know
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman

Address. 161 W Lombard st.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72588

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 18 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 12 '84

4. Place of Birth, (Street and Number) 161 W. Lombard

5. Full Name of Mother, Mable Smith

6. Mother's Maiden Name, " "

7. Mother's Birthplace, D.C.

8. Full Name of Father, Don't know

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman

Address, 161 W. Lombard st

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72581

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* ~~Male~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 12th 1884
4. *Place of Birth, (Street and Number)* 396 Wilhelm St
5. *Full Name of Mother,* Pauline Rapielus
6. *Mother's Maiden Name,* Pauline Reichach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wilhelm Rapielus
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,* Rosalina Schwarz

*Remarks,* 5 Elizabeth Lane (Caroline Schwarz)

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

7258 2

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 17 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 12th |
| 4. *Place of Birth, (Street and Number)* | No. 57 Register street. |
| 5. *Full Name of Mother,* | Amelia Hänschen |
| 6. *Mother's Maiden Name,* | " " Brand |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | William Hänschen |
| 9. *Father's Occupation,* | Shoemaker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Sophia Simon |
| *Address,* | No. 70 Granby st. |
| *Remarks,* | |

Y PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72583

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 17 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 12 |
| 4. *Place of Birth, (Street and Number)* | 6 Park St |
| 5. *Full Name of Mother,* | Otelie Naad |
| 6. *Mother's Maiden Name,* | Otelie Patzer |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Philip Naad |
| 9. *Father's Occupation,* | Shoemaker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | H Jenkins |
| *Address,* | 2 Cathedral St |
| *Remarks,* | |

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

JUL 16 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12 July
4. Place of Birth, (Street and Number) 22 Market-space
5. Full Name of Mother, Minnie Gades
6. Mother's Maiden Name, Fox
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John B. Gades
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 12. E. Lombard

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72585

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | cold |
| 3. Date of Birth, | July 12 / 84 |
| 4. Place of Birth, (Street and Number) | No 2 Liberty court |
| 5. Full Name of Mother, | Anne Johns |
| 6. Mother's Maiden Name, | " Brooks |
| 7. Mother's Birthplace, | Md |
| 8. Full Name of Father, | Abraham Johns |
| 9. Father's Occupation, | Dayman |
| 10. Father's Birthplace, | Md |
| Name of Medical Attendant, or other Person who makes this Return | H Nelson Md |
| Address, | Pratt & Cary |
| Remarks, | |

LANY & CO., CITY PRINTERS AND STATIONERS.

7258

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, may the 31
4. Place of Birth, (Street and Number) Hill st 190
5. Full Name of Mother, tena weeks
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Balto
8. Full Name of Father, John weeks
9. Father's Occupation, waiter
10. Father's Birthplace, Isle of Wight

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Harford st 368

Remarks,

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7258 7

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 24 of may
4. Place of Birth, (Street and Number) Hamburg St 224
5. Full Name of Mother, caroline Harris
6. Mother's Maiden Name, Babison
7. Mother's Birthplace, Kent island
8. Full Name of Father, Joseph Harris
9. Father's Occupation, grain measur
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Howard St 308

Remarks,

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

77588

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 12 1934 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, may 29
4. Place of Birth, (Street and Number) Harward st 314
5. Full Name of Mother, Agnes morison
6. Mother's Maiden Name, Batison
7. Mother's Birthplace, Kent island
8. Full Name of Father, Albert morison
9. Father's Occupation, Single
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Attilson

Address, Harward st 368

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72589

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1st 1884
4. *Place of Birth, (Street and Number)* No 700 Saratoga St
5. *Full Name of Mother,* Mara Weekeman
6. *Mother's Maiden Name,* Mari Vogel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Otto Weekeman
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return E Dunn M

*Address,* No 827 Lombard St

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TY PRINTERS AND STATIONERS.

72590

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 21 1884 BALTIMORE

Name, John George Neubauer

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21 1884
4. *Place of Birth, (Street and Number)* No 985 W Pratt St
5. *Full Name of Mother,* Maria K (Newbauer) Neubauer
6. *Mother's Maiden Name,* Maria K Philippi
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Georg A (Newbauer) Neubauer
9. *Father's Occupation,* Iron Cutter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return E Dumas

*Address,* No 827 Lombard St

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72591

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE JUL 24 1884

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *S[illegible] (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July, 6, 1884 |
| 4. *Place of Birth, (Street and Number)* | 46 Warren av |
| 5. *Full Name of Mother,* | Ella, Krause |
| 6. *Mother's Maiden Name,* | " McCalister |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Fred Krause |
| 9. *Father's Occupation,* | Furniture Dealer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | H. B. Noble, M.D. |
| *Address,* | 58 Warren av |
| *Remarks,* | |

PRINTERS AND STATIONERS

# RETURN OF A BIRTH 72592

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 5 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 7 1884 |
| 4. *Place of Birth, (Street and Number)* | 238 Light St |
| 5. *Full Name of Mother,* | Catharine Frietag |
| 6. *Mother's Maiden Name,* | Catharine Steinmuller |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father.* | Phillip Frietag |
| 9. *Father's Occupation,* | Cigar Maker |
| 10. *Father's Birthplace.* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | H B Noble Mrs |
| *Address,* | 50 Warren av |
| *Remarks,* | |

PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7259

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 21 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July the 8th. |
| 4. *Place of Birth, (Street and Number)* | Belair avnue |
| 5. *Full Name of Mother,* | Maggie Giesel |
| 6. *Mother's Maiden Name,* | Maggie Lennerd |
| 7. *Mother's Birthplace,* | Baltimar |
| 8. *Full Name of Father,* | Fred Giesel |
| 9. *Father's Occupation,* | Car driver |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Magdalme Bruns |
| *Address,* | Chester St Belair av. |
| *Remarks,* | |

PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 10th 84

4. Place of Birth, (Street and Number) 112 Myrtle Ave

5. Full Name of Mother, Elizabeth Miller

6. Mother's Maiden Name, " Ray

7. Mother's Birthplace, Md

8. Full Name of Father, John A. Miller

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return J. H. Keller MD

Address, 188 Franklin St

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-21-54

# RETURN OF A BIRTH

72595

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 21 1884 BALTIMORE

Louis Valentine Dieter

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 10 July 1884 |
| 4. *Place of Birth, (Street and Number)* | Saratoga St 98 |
| 5. *Full Name of Mother,* | Theresa Dieter |
| 6. *Mother's Maiden Name,* | Theresa Hoseneyer |
| 7. *Mother's Birthplace,* | Fritylar . Hassia |
| 8. *Full Name of Father,* | Joseph J. Dieter |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | A F Reinhard |
| *Address,* | 205 W Lombard Street |
| *Remarks,* | |

& CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72596

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1934 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 13 1934

4. Place of Birth, (Street and Number) No 67 Calhoun St Baltimore City

5. Full Name of Mother, Annie Margaret Schmall

6. Mother's Maiden Name, Annie Margaret Spittle

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Louis Schmall

9. Father's Occupation, Box Maker

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return Mrs. M. L. Shaffer

Address, 114 Ridgley St.

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72597

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 18 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* July 13 — 84

4. *Place of Birth, (Street and Number)* 161 W. Lombard st

5. *Full Name of Mother,* Lizzie James

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* Md

8. *Full Name of Father,* Don't know

9. *Father's Occupation,* " "

10. *Father's Birthplace,* " "

*Name of Medical Attendant,* or other Person who makes this Return N. C. Chapman MD

*Address,* 161 W Lombard st

*Remarks,*

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

72598

HEALTH DEPARTMENT JUL 17 1884 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 13
4. *Place of Birth (Street and Number)* Parish alley 385
5. *Full Name of Mother* Nannie ~~Gant~~ Gipson
6. *Mother's Maiden Name* Nannie Gant
7. *Mother's Birthplace* west river
8. *Full Name of Father* Charles Gipson
9. *Father's Occupation* standing in Market
10. *Father's Birthplace* Annie Arundel Co

*Name of Medical Attendant,* or other Person who makes this return — Henriette Gipson

*Address* Roberge street 1013

*Remarks* 5 dollar

the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7-5-99

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child born 3 day of july

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Ballard

3. Date of Birth, 13 day of july

4. Place of Birth, (Street and Number) No 2 pear alley

5. Full Name of Mother, annie purnell

6. Mother's Maiden Name,

7. Mother's Birthplace, Shaw hill carton M. D.

8. Full Name of Father, william pratt

9. Father's Occupation, driver waggon

10. Father's Birthplace, west River M. D.

Name of Medical Attendant, or other Person who makes this Return Lusie Carish

Address, No 15 jordon alley

Remarks,

& CO., CITY PRINTERS AND STATIONERS

72600

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT REC'D OCT 17 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First (1st)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th, 1884
4. Place of Birth, (Street and Number) No. 253 East Madison Street
5. Full Name of Mother, Mrs. Mary Virginia Parlett
6. Mother's Maiden Name, Miss Mary V. Clarke
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Daniel Parlett
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return Wm. H. Clendinen, M.D.

Address, No. 102 N. Broadway

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

72601

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 17 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 13, 1884
4. *Place of Birth, (Street and Number)* E. Fayette St. Nr 349
5. *Full Name of Mother,* Elisabetha Eder
6. *Mother's Maiden Name,* Elisabetha Schwarz
7. *Mother's Birthplace,* Schaffhausen, Kton, Schweitz Europa
8. *Full Name of Father,* Jakob Eder
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Rosbach, N. Bayern Germany

*Name of Medical Attendant, or other Person who makes this Return* Mary E. Müller

*Address,* N. Dallas St. Nr 26

*Remarks,*

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

72602

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
16
1884
BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 13 July
4. Place of Birth, (Street and Number) Balare Market
5. Full Name of Mother, Minnie Hofer
6. Mother's Maiden Name, Haise
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Hofer
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 72 E. Lombard

Remarks,

BY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 13 th 1884
4. *Place of Birth, (Street and Number)* No 82 Leadenhall st.
5. *Full Name of Mother,* Wilhelmine Ludwig
6. *Mother's Maiden Name,* Reiner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Ludwig
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return J. Schwartz midwife

*Address,* 330 Hanover st.

*Remarks,* This Child was a seven months child and died after an age of five hours in cause of weakness.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7 2604

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
BALTIMORE

of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 13th 1884.
4. Place of Birth (Street and Number) 87. Pine st
5. Full Name of Mother Mary Sydings
6. Mother's Maiden Name " Hannan
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Charles Sydings
9. Father's Occupation Painter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Frank W. Gunon

Address 187 Saratoga st

Remarks

# RETURN OF A BIRTH

72605

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1884 BALTIMORE

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3? |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 13th 1884. 5 a.m. |
| 4. *Place of Birth, (Street and Number)* | 415 Saratoga |
| 5. *Full Name of Mother,* | Mary E Anaker. |
| 6. *Mother's Maiden Name,* | Mary Massey |
| 7. *Mother's Birthplace,* | Philadelphia Pa. |
| 8. *Full Name of Father,* | Michael Danaker |
| 9. *Father's Occupation,* | Police Officer B C. |
| 10. *Father's Birthplace.* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | A. H. Smith M.D |
| *Address,* | |
| *Remarks,* | |

& CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

7 2606

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 19 1894
BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex (state whether Male ~~or Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 14th
4. *Place of Birth (Street and Number)* Cor Bond & Preston Sts
5. *Full Name of Mother* Mary Hazard
6. *Mother's Maiden Name* Mary Collison
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Lewis Hazard
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Maryland

*Name of Medical Attendant, or other Person who makes this Return.* J. W. Chambers

*Address* 133 N Eutaw St Baltimore

*Remarks*

# RETURN OF A BIRTH 72607

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First - A living child

Sex, (state whether male or female) Male -

2. Race or Color, (if not of the white race) Colored - Black -

3. Date of Birth, July 14th 1884.

4. Place of Birth, (Street and Number) 255 Park Ave - Baltimore.

5. Full Name of Mother, Sarah Smith

6. Mother's Maiden Name, Sarah Jones

7. Mother's Birthplace, Baltimore - St Paul St.

8. Full Name of Father, Daniel Smith

9. Father's Occupation, Whitewashing -

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Walter B Platt M.D.

Address, 165 Park Ave - "Westover" Baltimore.

Remarks, I was present soon after the birth - A.P. Midwife present at birth -

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH, 7608

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 14 1894 BALTIMORE

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 14th 1894
4. *Place of Birth, (Street and Number)* 529 W. Lombard St.
5. *Full Name of Mother* Maggie Lewis
6. *Mother's Maiden Name* " Perring
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard F Lewis
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. John Morris M.D.

*Address* 5 Franklin St.

*Remarks*

# RETURN OF A BIRTH 7609

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 18 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14th "

4. Place of Birth, (Street and Number) Baltimore Park st, No 72

5. Full Name of Mother, Ruth Emma ~~Newberry~~ Poe

6. Mother's Maiden Name, Ruth Emma Newberry

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Henry Poe

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return W. Maennel Midwife

Address, 218 Saratoga st. City.

Remarks,

of the parents, also the maiden name of the mother of such child or children."

KULANY & CO., CITY PRINTERS AND STATIONERS.

72610

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 18 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, July 12 1884
4. Place of Birth, (Street and Number) 265 Orleans St
5. Full Name of Mother, Sarah Cooper
6. Mother's Maiden Name, Sarah Elliott
7. Mother's Birthplace, Northumberland Co. V
8. Full Name of Father, Peter Elliott
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Lucinda Woolford

Address, 130 Register

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dolla[illegible] each offence, to be recovered as other lines and pen[illegible] are recoverable.

O., CITY PRINTERS AND STATIONERS.

72611

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

JUL 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th
4. Place of Birth, (Street and Number) No 1 Holland street
5. Full Name of Mother, Lizzie Wallsmith
6. Mother's Maiden Name, " B. Hoop
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Wallsmith
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Seidner

Address, No 70 Granby st

Remarks,

Death of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72612

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colar.

3. *Date of Birth,* 14 of July

4. *Place of Birth, (Street and Number)* No. 35 Butter street

5. *Full Name of Mother,* Fannie Booze

6. *Mother's Maiden Name,* Fannie Holmes

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* marchal B. Booze

9. *Father's Occupation,* Stevingdoing

10. *Father's Birthplace,* md.

*Name of Medical Attendant,* or other Person who makes this Return Lucy Conish

*Address,* 13 Jordan Alley

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72613

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 11th July 1894 |
| 4. *Place of Birth, (Street and Number)* | 63 Stockton Al |
| 5. *Full Name of Mother,* | Fannie White |
| 6. *Mother's Maiden Name,* | Fannie Black |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Henry White |
| 9. *Father's Occupation,* | Hod-carrier |
| 10. *Father's Birthplace,* | Do |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr. Jackson Evans & Wm. R. |
| *Address,* | 240 N. Carey St |
| *Remarks,* | Cor Harlem Ave |

of the parents, and the malden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

72614

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DEC JUL 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Monday July 14th "84" |
| 4. *Place of Birth, (Street and Number)* | Front E[illegible] Bath Sts. |
| 5. *Full Name of Mother,* | Bridget ~~Brady~~ Cannington. |
| 6. *Mother's Maiden Name,* | Bridget Brady. |
| 7. *Mother's Birthplace,* | Ireland. |
| 8. *Full Name of Father,* | Patrick Cannington. |
| 9. *Father's Occupation,* | Laborer. |
| 10. *Father's Birthplace,* | Ireland. |
| *Name of Medical Attendant,* or other Person who makes this Return | Wilmer Brinton M.D. |
| *Address,* | Howard Place & Chase St. |
| *Remarks,* | |

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person so in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 72615

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
OCT 19 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 /

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth* July 15 1884
4. *Place of Birth, (Street and Number)* 178 Raborg St
5. *Full Name of Mother* Ella Marshall
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Josh Marshall
9. *Father's Occupation*
10. *Father's Birthplace*

*Name of Medical Attendant,* or other Person who makes this Return. Johnson Barne

*Address*

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7616

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 12 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white race

3. *Date of Birth,* July the 15th

4. *Place of Birth, (Street and Number)* Baltimore Hull st No 19

5. *Full Name of Mother,* Julia Collins

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Center Hill md

8. *Full Name of Father,* John H Collins

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Rockmill Va

*Name of Medical Attendant,* or other Person who makes this Return Elizabeth Hathaway

*Address,* William st No 394

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7267

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 19 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, July the 15th

4. Place of Birth, (Street and Number) Baltimore Johnson st No 185

5. Full Name of Mother, Eliza Tellery

6. Mother's Maiden Name, Dulany

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Tellery

9. Father's Occupation, Can Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Elizabeth Huthorn

Address, William st No 394

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NEY PRINTERS AND STATIONERS.

72618

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15th 1884
4. *Place of Birth, (Street and Number)* 758 S. Charles St.
5. *Full Name of Mother,* Isabelle Ray
6. *Mother's Maiden Name,* Isabelle Sheckels
7. *Mother's Birthplace,* Baltimore. Md.
8. *Full Name of Father,* John Frederick Ray
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return Miss Conway

*Address,*

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72619

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 17 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 15th |
| 4. *Place of Birth, (Street and Number)* | 190 German St |
| 5. *Full Name of Mother,* | Dora Rosenbaum |
| 6. *Mother's Maiden Name,* | Dora Straus |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Benjamin Rosenbaum |
| 9. *Father's Occupation,* | Clergyman |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | F. Jenkins |
| *Address,* | 2 Cathedral St. |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 72620

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Dark complexion

3. *Date of Birth,* July 16th 1884

4. *Place of Birth, (Street and Number)* 25 Bath St

5. *Full Name of Mother,* Sarah Hawkins

6. *Mother's Maiden Name,* " Young

7. *Mother's Birthplace,* Prince Georges Co, Md

8. *Full Name of Father,* James Hawkins

9. *Father's Occupation,* Brick-maker

10. *Father's Birthplace,* Prince Georges Co Md

*Name of Medical Attendant,* or other Person who makes this Return Amelia Johnson

*Address,* 6 Hamilton St

*Remarks,*

...Y PRINTERS AND STATIONERS

72621

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 18 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* July 10 1884
4. *Place of Birth, (Street and Number)* 27 Shuter St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Mary Mason
7. *Mother's Birthplace,* St Mary County V
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return Lucinda Wolford

*Address,* 130 Register St

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

75622

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, July the 16. 1884
4. Place of Birth, (Street and Number) S. Exeter St. No 77
5. Full Name of Mother, Louise Hilgemann
6. Mother's Maiden Name, Louise Lehans
7. Mother's Birthplace, Berge, K. Preussen Germany
8. Full Name of Father, Heinrich Hilgemann
9. Father's Occupation, Laborer
10. Father's Birthplace, Rehde, K Preussen, Germany

Name of Medical Attendant, or other Person who makes this Return, Harry E. Miller

Address, N. Dallas St. No 26

Remarks,

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7262 B

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 17 1934
BALTIMORE

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colrd
3. *Date of Birth* Wednesday July 16th 34
4. *Place of Birth, (Street and Number)* 45 St. Paul St.
5. *Full Name of Mother,* Elizabeth Cox
6. *Mother's Maiden Name,* Elizabeth Carter
7. *Mother's Birthplace,* Balto —
8. *Full Name of Father,* Solomon Cox
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Harford Co Md

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth M.D.

*Address,* 51 N Calvert St

*Remarks,* Balto Md

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72622

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 16 - 84

4. Place of Birth, (Street and Number) 87 S. Eutaw st.

5. Full Name of Mother, Catherine Anne Henklemann

6. Mother's Maiden Name, " " McQuade

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Henklemann

9. Father's Occupation, Boilermaker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Rev. Geo. Dauchmd

Address, 325. E. Baltimore st

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS.

72625

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE 1884

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Lond. |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 16th 84 |
| 4. *Place of Birth, (Street and Number)* | 50 E. Chase St. |
| 5. *Full Name of Mother,* | Sadie Wooden |
| 6. *Mother's Maiden Name,* | Sadie Valentine |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Edward Wooden. |
| 9. *Father's Occupation,* | Clerk. |
| 10. *Father's Birthplace,* | Baltimore Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | Wilmer Brinton Md. |
| *Address,* | Forrest Place & Chase St. |
| *Remarks,* | |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

77626

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17th 1884
4. *Place of Birth, (Street and Number)* Robert St. nr Penna. Ave.
5. *Full Name of Mother,* Eva C. Freyer
6. *Mother's Maiden Name,* Kolbe
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Christian Freyer
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Balto. City

*Name of Medical Attendant,* or other Person who makes this Return J. H. CHRISTIAN, M. D.

*Address,*

*Remarks,*

... CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

77627

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, July the 17. 1884
4. Place of Birth, (Street and Number) Mulliken St. No. 121.
5. Full Name of Mother, Emma Hoar
6. Mother's Maiden Name, Emma Wolle.
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jakob Hoar
9. Father's Occupation, Musicus.
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Gallis St. No. 26

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 19 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th of July 1884
4. Place of Birth, (Street and Number) 270 Pratt Street
5. Full Name of Mother, Susan Keefer
6. Mother's Maiden Name, Susan Schriefer
7. Mother's Birthplace, Germany
8. Full Name of Father, Mick Schriefer
9. Father's Occupation, Tavern Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Crescintia Kunkel

Address, 17 North Chapel Street per Justina Kunkel

Remarks, Healthy

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72629

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT. JUL 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17th 1884
4. Place of Birth, (Street and Number) 132 Roberts St.,
5. Full Name of Mother, C. L. Woodworth
6. Mother's Maiden Name, " J. Potts
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Chas. O. Woodworth
9. Father's Occupation, Journalist
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return W. H. B. Sellman M. D.

Address, 46 N. Biddle St.,

Remarks,

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

72630

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 18 1884 BALTIMORE

*of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the tenth

*Sex (state whether male or female)* Male

*Race or Color (if not of the white race)* White

*Date of Birth* Seventeen

*Place of Birth (Street and Number)* No 22 Norris st

*Full Name of Mother* Hanne Sarah Staub

*Mother's Maiden Name* Hanne Sarah Gumpman

*Mother's Birthplace* Baltimore

*Full Name of Father* August Staub

*Father's Occupation* Brewery

*Father's Birthplace* German Bangen

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Ruth H Colhouer

*Address* No ~~6~~ 74 Pratt st

*Remarks* Pratt st

72631

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st "

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 18th "
4. *Place of Birth, (Street and Number)* No 75 Lombard st
5. *Full Name of Mother,* Rosa Robrobn
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other Person who makes this Return Sophia Siemon

*Address,* No 70 Granby st

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

72632

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Ninth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 18th '84 |
| 4. *Place of Birth, (Street and Number)* | 114 Columbia Ave. |
| 5. *Full Name of Mother,* | Agnes Klappenberg. |
| 6. *Mother's Maiden Name,* | " Faré |
| 7. *Mother's Birthplace,* | Bavaria |
| 8. *Full Name of Father,* | Frank Klappenberg. |
| 9. *Father's Occupation,* | Watchman |
| 10. *Father's Birthplace,* | Bavaria |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Koch |
| *Address,* | 328 South Eutaw St. |
| *Remarks,* | |

HEALTH DEPARTMENT JUL 19 1884 BALTIMORE

CITY PRINTERS AND STATIONERS.

72633

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 21 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ~~1st~~ 2nd

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 19th
4. *Place of Birth, (Street and Number)* No 16 little Gough
5. *Full Name of Mother,* Lizzie Bruns
6. *Mother's Maiden Name,* Stallknecht
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Bruns
9. *Father's Occupation,* Labor work
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Sophia Lieman

*Address,* No 70 Granby st.

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and pen[illegible] are recoverable.

TY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 7-14-49

72634

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Emma M. ~~Clayton~~

HEALTH DEPARTMENT JUL 21 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 19 /84
4. *Place of Birth, (Street and Number)* 106 N. Fremont
5. *Full Name of Mother,* Margaret Clayton
6. *Mother's Maiden Name,* Margaret (~~Isaacs~~) Deaver
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* James P. Clayton
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return J. H. Keller MD

*Address,* 188 Franklin

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday May 27th '84
4. Place of Birth, (Street and Number) 58 N Wolf St.
5. Full Name of Mother, Dora Dickie
6. Mother's Maiden Name, Dora Michal
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Vetus Dickie
9. Father's Occupation, Balcksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Wilmer Brinton MD

Address, Forrest Place & Chase St.

Remarks,

HEALTH DEPARTMENT JUL 17 1884 BALTIMORE.

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

72636

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 17 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Lond |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 29th "84" |
| 4. *Place of Birth, (Street and Number)* | 204 E. Madison St |
| 5. *Full Name of Mother,* | Annie Zipp |
| 6. *Mother's Maiden Name,* | Annie Dustman |
| 7. *Mother's Birthplace,* | York Pa |
| 8. *Full Name of Father,* | Gustavae Zipp |
| 9. *Father's Occupation,* | Farmer |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Wilmer Brinton MD |
| *Address,* | Forrest Place & Chase St. |
| *Remarks,* | |

...should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

72637

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUL 17 1884
BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 th |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | June 27 th 84 |
| 4. *Place of Birth, (Street and Number)* | 9 Forest Place, |
| 5. *Full Name of Mother,* | Annie Jenkins. |
| 6. *Mother's Maiden Name,* | Annie Delagget, |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Wm Kennedy Jenkins. |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other Person who makes this Return | Wilmer Winslow M.D. |
| *Address,* | Forest Place & Chas St. |
| *Remarks,* | |

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

11638

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

JUL 17 1854 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2ond |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | Saturday July 6th "54 |
| 4. *Place of Birth, (Street and Number)* | S E. Biddle St |
| 5. *Full Name of Mother,* | Mary Parr |
| 6. *Mother's Maiden Name,* | Mary Driscoll. |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Jos. Parr, |
| 9. *Father's Occupation,* | B. & P. R. R. Conductor. |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Wilmer Brinton MD. |
| *Address,* | Forrest Place & Chas St. |
| *Remarks,* | |

ITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-30-51

71639

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Carl Theodore 1st Lloyd |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Wednesday July 9th "84" |
| 4. *Place of Birth, (Street and Number)* | Greenmont Ave & Chas St. |
| 5. *Full Name of Mother,* | Amelia Lloyd |
| 6. *Mother's Maiden Name,* | Amelia Gonvalen |
| 7. *Mother's Birthplace,* | Ohio |
| 8. *Full Name of Father,* | Chas A Lloyd |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Pennsylvania |
| *Name of Medical Attendant,* or other Person who makes this Return | Wilmer Brinton M.D. |
| *Address,* | Forrest Place & Chas St. |
| *Remarks,* | |

JUL 17 1884 BALTIMORE

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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# RETURN OF A BIRTH

72640

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

Frank Joseph Eberla

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 8th 1884 |
| 4. *Place of Birth, (Street and Number)* | 20 Pt Lane |
| 5. *Full Name of Mother,* | Ella Eberla |
| 6. *Mother's Maiden Name,* | Bayerlein |
| 7. *Mother's Birthplace,* | New York |
| 8. *Full Name of Father,* | Joseph Eberla |
| 9. *Father's Occupation,* | Farmer |
| 10. *Father's Birthplace.* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | M. B. Billingslea |
| *Address,* | 256 E Preston St |
| *Remarks,* | GIVEN NAME ADDED 3-3-53. |

PRINTERS AND STATIONERS

# RETURN OF A BIRTH 72641

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, July 10th 1884

4. Place of Birth, (Street and Number) 137 Hill street

5. Full Name of Mother, Julia smith

6. Mother's Maiden Name, Julia Boom

7. Mother's Birthplace, Calbert county

8. Full Name of Father, Lenard smith

9. Father's Occupation, hodcarrier

10. Father's Birthplace, Calbert county

Name of Medical Attendant, or other Person who makes this Return Scholfield Williams

Address, 164 S howard st

Remarks, five dollars

NY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

77 612

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 1884
4. Place of Birth, (Street and Number) 18 Baune st Baltimore
5. Full Name of Mother, Nancy Melvina McClure
6. Mother's Maiden Name, Nancy Melvina Harford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Pulaski McClure
9. Father's Occupation, Harness Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Susan Shuster

Address, 21 So Poppleton St

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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7264 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th July 1884
4. *Place of Birth, (Street and Number)* No 110 N. Schroder St
5. *Full Name of Mother,* ~~No 110 N. Schroder St~~ Mrs Annie A. Madigan
6. *Mother's Maiden Name,* Miss Annie A. Farrell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Mr Joseph F. Madigan
9. *Father's Occupation,* Stonemason
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Hunter

*Address,* No 21 No Pappelton St

*Remarks,*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

72644

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 July 1884
4. *Place of Birth, (Street and Number)* 160 N. Eden St
5. *Full Name of Mother,* Margaret L. Thompson
6. *Mother's Maiden Name,* " " Mason
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Louis C. Thompson
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return J. J. Gross

*Address,* 137 Orleans St

*Remarks,*

...NY & CO., CITY PRINTERS AND STATIONERS

72645

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Sex, (state whether male or female) Female 11
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 July 1884
4. Place of Birth, (Street and Number) Patterson Park av 123
5. Full Name of Mother, Betty C Kitzie
6. Mother's Maiden Name, Betty E Hartzie
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William J Kitzie
9. Father's Occupation, moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park av

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

72646

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 15 1884
4. *Place of Birth, (Street and Number)* Airport St 177
5. *Full Name of Mother,* Delia Anderson
6. *Mother's Maiden Name,* Delia Smith
7. *Mother's Birthplace,* Ellis County
8. *Full Name of Father,* Mathew Lamas
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* West Africa

*Name of Medical Attendant,* or other Person who makes this Return Dr. [illegible]

*Address,* [illegible]

*Remarks,*

...Y & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 7647

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) [illegible]

2. Race or Color, (if not of the white race) [illegible]

3. Date of Birth, [illegible]

4. Place of Birth, (Street and Number) [illegible]

5. Full Name of Mother, [illegible]

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, [illegible]

8. Full Name of Father, [illegible]

9. Father's Occupation, [illegible]

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, [illegible]

Remarks. [illegible]

...Y & CO., CITY PRINTERS AND STATIONERS

72645

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* [illegible] July 18
3. *Date of Birth,* Born July 18" 184.
4. *Place of Birth, (Street and Number)* No. 122 Greenmount ave
5. *Full Name of Mother,* ~~Jen~~ Jennie Ignatious Bell
6. *Mother's Maiden Name,* Jennie Ignatious Kilduff
7. *Mother's Birthplace,* Baltimore City Md.
8. *Full Name of Father,* Thos. L. Bell
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore City Md.

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Sarah Woodden

*Address,* No. 120 Greenmount avenue

*Remarks,*

[illegible] person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]ITY PRINTERS AND STATIONERS.

72649

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 July th 1884
4. *Place of Birth, (Street and Number)* 42 Port al
5. *Full Name of Mother,* Lena Zipple
6. *Mother's Maiden Name,* Eahart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Zittle
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Wiley

*Address,* No 12 Patterson Park av

*Remarks,*

...duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

12650

HEALTH DEPARTMENT JUL 27 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5the

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Withe
3. Date of Birth, 18 Juli
4. Place of Birth, (Street and Number) 242 S. Wolfe Stret.
5. Full Name of Mother, Lina Leblewska
6. Mother's Maiden Name, Lenkowsky
7. Mother's Birthplace, Graudenz Germany.
8. Full Name of Father, Karl Lenkosky
9. Father's Occupation, — — — —
10. Father's Birthplace, Dancih

Name of Medical Attendant, or other Person who makes this Return Marie Güthner

Address, S. Wolfe Stret 245

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

PRINTERS AND STATIONERS.

72 651

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 of July 1884
4. Place of Birth, (Street and Number) No 275 Batty Av
5. Full Name of Mother, Anna Gangle
6. Mother's Maiden Name, Anna Putshky
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Gangle
9. Father's Occupation, Labour
10. Father's Birthplace, Bal

Name of Medical Attendant, or other Person who makes this Return Sal. Greshaber

Address, No 125 West St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period ab[illegible] required, except in the cases of the births and death[illegible] illegitimate children, and any person or perso[illegible] who shall hereafter fail to comply with the provisions [illegible] section shall be subject to a fine of ten doll[illegible] for each offence, to be recovered as other fines and pe[illegible]s are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

72652

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 19 1884 |
| 4. *Place of Birth, (Street and Number)* | 162 Kellyngton Av |
| 5. *Full Name of Mother,* | ~~Wm~~ Annie Henning |
| 6. *Mother's Maiden Name,* | Anne Thum |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Paul Henning |
| 9. *Father's Occupation,* | Molder |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return* | Mrs E Tracy |
| *Address,* | 193 Chase |
| *Remarks,* | |

..., CITY PRINTERS AND STATIONERS.

7263

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 19th 1874

4. Place of Birth, (Street and Number) 831 N. Arrow St

5. Full Name of Mother, Lettie Davis

6. Mother's Maiden Name, Lettie Moore

7. Mother's Birthplace, Virginia

8. Full Name of Father, Albert D. A. Davis

9. Father's Occupation, Carpenter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return James D. Whitford M.D.

Address, 195 Virginia Street

Remarks,

CITY PRINTERS AND STATIONERS.

13654

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 19 1884
4. Place of Birth, (Street and Number) No. 60 Elbow Lane
5. Full Name of Mother, Charlotte Callahand
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto City
8. Full Name of Father, Mack Callahand
9. Father's Occupation, Laborer
10. Father's Birthplace, Laborer

Name of Medical Attendant, or other Person who makes this Return. Deborah Thomas

Address, 71 Burgundy Alley

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 7965

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 21st

4. Place of Birth, (Street and Number) 36 Carlton St

5. Full Name of Mother, Mary Stevens

6. Mother's Maiden Name, Mr. Stevens

7. Mother's Birthplace, W Virginia

8. Full Name of Father, John Stevens

9. Father's Occupation, Brick maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Millie Blake

Address, 53 Carlton St

Remarks, Healthy

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 2656

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 21st 1884

4. Place of Birth, (Street and Number) 36 Parish a

5. Full Name of Mother, Alice B. Sollyers

6. Mother's Maiden Name, Alice B Banks

7. Mother's Birthplace, Cambridge Maryland

8. Full Name of Father, Nelson Sollyers

9. Father's Occupation, Laborer

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return J Ramsey Hall M D

Address, Edmondson Ave & Calhoun

Remarks,

of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73657

## To the Office of Registrar of Vital Statistics; Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 of July 1884
4. Place of Birth, (Street and Number) No 398 Charles St
5. Full Name of Mother, Rossa Cerwart
6. Mother's Maiden Name, Rossa Connoly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Cerwart
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Greshaber

Address, No 128 West St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72658

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First.

1. *Sex, (state whether male or female)* Male.

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 20 July.

4. *Place of Birth, (Street and Number)* 626 West Baltimore St.

5. *Full Name of Mother,* Annie Frauldrath.

6. *Mother's Maiden Name,* Annie Lange.

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* August Frauldrath.

9. *Father's Occupation,* Brass Finnisher.

*Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. W. Maenn of Midwife

*Address,* 228 Saratoga st

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

75659

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of July 1884
4. *Place of Birth, (Street and Number)* No 9 Henryette St
5. *Full Name of Mother,* Mary Schneider
6. *Mother's Maiden Name,* Mary Ward
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schneider
9. *Father's Occupation,* Cigarmaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sabina Drechsler

*Address,* No 128 West St

*Remarks,*

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...L, CITY PRINTERS AND STATIONERS.

72660

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of July 1884
4. Place of Birth, (Street and Number) No 270 Hanover St
5. Full Name of Mother, Mary Kuhn
6. Mother's Maiden Name, Mary Wiesman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kuhn
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sabina Breshaber

Address, No 100 West St

Remarks,

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...O., CITY PRINTERS AND STATIONERS.

72661

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of July 1884
4. Place of Birth, (Street and Number) No 353 William St
5. Full Name of Mother, Annie Frank
6. Mother's Maiden Name, Annie Junker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Frank
9. Father's Occupation, Laborer
10. Father's Birthplace, Michigan

Name of Medical Attendant, or other Person who makes this Return Sabina Greshaber

Address, No 128 West St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or pers[illegible] who shall hereafter fail to comply with the provision[illegible] this section shall be subject to a fine of ten d[illegible] for each offence, to be recovered as other fines and [illegible]ties are recoverable.

., CITY PRINTERS AND STATIONERS.

7266 2

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22 July |
| 4. *Place of Birth, (Street and Number)* | Hull Street Nos 22 |
| 5. *Full Name of Mother,* | Mary ~~Mc Nulty~~ Clark |
| 6. *Mother's Maiden Name,* | Mary Mc Nulty |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | James Clark |
| 9. *Father's Occupation,* | Labar |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Maggie Ettel |
| *Address,* | Nos 13 Cuba St Locust Point |
| *Remarks,* | Cause of Death Born before the time |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72663

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 22 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 18th 1894 |
| 4. *Place of Birth, (Street and Number)* | N Central Ave |
| 5. *Full Name of Mother,* | Lizzie Kassakelis |
| 6. *Mother's Maiden Name,* | Schneider |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Kassakelis |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | M. B. Billingslea |
| *Address,* | M 256 E. Pratt St |
| *Remarks,* | |

on the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

7 2 664

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | April 13th 1884 |
| 4. Place of Birth, (Street and Number) | 338 E Madison st |
| 5. Full Name of Mother | Florence Kean Smith |
| 6. Mother's Maiden Name, | |
| 7. Mother's Birthplace, | Balto Md |
| 8. Full Name of Father, | James Kean |
| 9. Father's Occupation, | junk dealer |
| 10. Father's Birthplace, | Balto Md |
| Name of Medical Attendant, or other Person who makes this Return | M B. Billingslea |
| Address, | 256 E. Pratt |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72665

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 27th 1884 |
| 4. *Place of Birth, (Street and Number)* | N. E. Central Ave & Biddle St |
| 5. *Full Name of Mother,* | ~~Ada Spicer~~ Ada Wright Spicer |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Balto, Md. |
| 8. *Full Name of Father,* | H. B. Wright |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return | M. B. Billingslea |
| *Address,* | 256 E. Preston |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72666

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 23rd 1884 |
| 4. *Place of Birth, (Street and Number)* | 320 E Madison st |
| 5. *Full Name of Mother,* | Elizabeth Erdman |
| 6. *Mother's Maiden Name,* | Hunter |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | John Erdman |
| 9. *Father's Occupation,* | Gardener |
| 10. *Father's Birthplace.* | Balto (Md) |
| *Name of Medical Attendant,* or other Person who makes this Return | M. B. Billingslea |
| *Address,* | 266 E Pratt st |
| *Remarks,* | |

Of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

72667

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 22 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

*Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 25

4. *Place of Birth, (Street and Number)* 108 N. Eden St

5. *Full Name of Mother,* Mary E. Roe

6. *Mother's Maiden Name,* " " Paul

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* William B. Roe

9. *Father's Occupation,* Police-man

10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other Person who makes this Return J. J. Gross

*Address,* 137 Orleans St

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72668

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
JUL 22 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | June 30th 1884 |
| 4. *Place of Birth, (Street and Number)* | (2) 15 E. Madison st |
| 5. *Full Name of Mother,* | Rosa Davis |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Penn |
| 8. *Full Name of Father,* | J. R. Davis |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Penn |
| *Name of Medical Attendant,* or other Person who makes this Return | M. B. Billingslea |
| *Address,* | 206 E. Preston st |
| *Remarks,* | |

"Of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 5-23-29

72669

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

Name: Elsie Y. Wagner

*No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)*

1. *Sex (~~state whether Male or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 1 / 84
4. *Place of Birth (Street and Number)* 29 Bloom St
5. *Full Name of Mother* Martha ~~Bichmann~~ Wagner
6. *Mother's Maiden Name* Martha Bichmann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ed L. Wagner
9. *Father's Occupation* Wheelwright
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant, or other Person who makes this Return.* A. E. Pole M.D.

*Address* No 1 North Av

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH.

7676

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | June 29/84 |
| *4. Place of Birth (Street and Number)* | 328 Mount St |
| *5. Full Name of Mother* | Emma Gartside |
| *6. Mother's Maiden Name* | Emma Foster |
| *7. Mother's Birthplace* | Balto Co |
| *8. Full Name of Father* | Henry Gartside |
| *9. Father's Occupation* | Founder |
| *10. Father's Birthplace* | Balto Co |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. C. Pole MD |
| *Address* | No 1 North Ave |
| *Remarks* | |

# RETURN OF A BIRTH

7671

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 17 1884

4. Place of Birth, (Street and Number) No 17 Goulds Court

5. Full Name of Mother, Brina Wheeler

6. Mother's Maiden Name, ~~Brina~~ Brina London

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, William Wheeler

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary E Anderson

Address, No 10 Abys Street

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

72672

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 19 84
4. Place of Birth (Street and Number) 49 E Biddle
5. Full Name of Mother Minnie Haid
6. Mother's Maiden Name Minnie Knockey
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Haid
9. Father's Occupation Musician
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Irving Miller

Address 179 E Monument St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 1163

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Six (6)

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 21st 1884
4. *Place of Birth, (Street and Number)* No number First Ave Belt
5. *Full Name of Mother* Anna Dunigan
6. *Mother's Maiden Name* Anna Denver
7. *Mother's Birthplace* New York City
8. *Full Name of Father* Barnard Dunigan
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Baltimore Co

*Name of Medical Attendant, or other Person who makes this Return.* J E Pritchard MD

*Address* 28 O'Donnell St

*Remarks* Natural labor head presentation but tedious & Medicine was employed She becom Embarest and I was sent for Both Mother and Child are doing well

72674

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Pd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colland
3. *Date of Birth,* July 12t. 1884
4. *Place of Birth, (Street and Number)* 104 Dallin St.
5. *Full Name of Mother,* Susie Kelly
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* "
8. *Full Name of Father,* Unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Bull

*Address,* 185 S.E. cor. Central av. & Monument St.

*Remarks,* All Well

ertificate between the ... birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered ... other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

72675

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3rd 1884
4. *Place of Birth, (Street and Number)* 95 Ann Street
5. *Full Name of Mother,* Lizie Shoe
6. *Mother's Maiden Name,* Lizie Wolf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mathew Shoe
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germaker

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Burt

*Address,* 185 S.E. ~~cor~~ Centrel av. & Monument St.

*Remarks,* All Well

certificate between the first and third day of each and every month to the [illegible] of midwifery, or should no other person birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recov[illegible] other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72676

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 cd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Collard
3. *Date of Birth,* July 4th. 1884
4. *Place of Birth, (Street and Number)* No 130 Eden St.
5. *Full Name of Mother,* Mary ~~Benson~~ Freeman
6. *Mother's Maiden Name,* Mary Benson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Freman
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Butt

*Address,* 185 S.E. cor. Central av. & Monument St.

*Remarks,* All Well

certificate between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recoverable as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

72677

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6 th. 1884
4. *Place of Birth, (Street and Number)* No 13 Prattford ally
5. *Full Name of Mother,* Mary Raeben
6. *Mother's Maiden Name,* " Lang
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Raeben
9. *Father's Occupation,* Laboror
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Butt

*Address,* No 185. S. E. cor. Centre av. & Monument St

*Remarks,* All Well

certificate between the first and third day of each and every [illegible] or practitioner of midwifery, or should no other person birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recov[illegible] other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

72678

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE JUL 24 1884

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 6th. 1884 |
| 4. *Place of Birth, (Street and Number)* | 67 Hillman St. |
| 5. *Full Name of Mother,* | Mary Holland |
| 6. *Mother's Maiden Name,* | Mary Sachs |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George Holland |
| 9. *Father's Occupation,* | Clerk. |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. A. Butt |
| *Address,* | 185 S.E. cor Central ave. & Monument St |
| *Remarks,* | All Well |

certificate between the first and third day of each and every month of midwifery, or should no other person birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herea[illegible] to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recov[illegible] other fines and forfeitures are recoverable.

by & Co., City Printers and Stationers.

72679

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 27 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6th. 1884

4. Place of Birth, (Street and Number) No 340 Madison St.

5. Full Name of Mother, Sadie Barden

6. Mother's Maiden Name, Sadie Sherwood

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thos. Barden

9. Father's Occupation, Cane maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. J. Batt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, with other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72680

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereaft[illegible] fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be reco[illegible] other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE JUL 24 1884

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7th 1884
4. *Place of Birth, (Street and Number)* No. 21 Hohe Street
5. *Full Name of Mother,* Susana Lotz
6. *Mother's Maiden Name,* Susana Zimmer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Lotz
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany,

*Name of Medical Attendant,* or other Person who makes this Return. M. V Bull

*Address,* 185 S.E. cor Central ave & ~~Hoca~~ Monument St

*Remarks,* All Well

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7-681

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE JUL 24 1884

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 11 th 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 275 S. Charles St. |
| 5. *Full Name of Mother,* | Sophie Allard |
| 6. *Mother's Maiden Name,* | Sophie Cluber |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Allard |
| 9. *Father's Occupation,* | ~~Capt~~ Carpenter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. A Bull |
| *Address,* | 185 E. Lexington & Central av. & Monument St |
| *Remarks,* | All Well |

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

77682

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE AUG 2 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 day of July 1884
4. Place of Birth, (Street and Number) 55 St Peter St
5. Full Name of Mother, Sarah E McBowers
6. Mother's Maiden Name, Sarah E Flannery
7. Mother's Birthplace, Balto City
8. Full Name of Father, G W Bowers
9. Father's Occupation, Car inspector
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Susan Slunter

Address, 21 No Pappelton St

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be rec... as other fines and forfeitures are recoverable.

...ny & Co., City Printers and Stationers.

# RETURN OF A BIRTH,

7268

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Thursday July 17th 1884
4. *Place of Birth, (Street and Number)* No. 42 Monroe St
5. *Full Name of Mother* Mrs Ella Rusch
6. *Mother's Maiden Name* Mrs Ella Jones
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Mr John Rusch
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Catherine Doll.

*Address* No. 57 Bantaloe St

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

72684

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 18. 1884. Baltimore City
4. *Place of Birth, (Street and Number)* 121 South Poppleton St
5. *Full Name of Mother,* Mary Margret Cook
6. *Mother's Maiden Name,* Mary Margret Magaha
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Cook
9. *Father's Occupation,* Saber
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other Person who makes this Return Mrs Mary Schaffer

*Address,* 114 Eagle Ridgley St Baltimore

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

77655

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 24 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Withe

3. Date of Birth, 20 Juli

4. Place of Birth, (Street and Number) 2 Bethel Street

5. Full Name of Mother, Elizabet Matuszewska

6. Mother's Maiden Name, Sobczyńska

7. Mother's Birthplace, Grezen Germany

8. Full Name of Father, John Sobczyński

9. Father's Occupation, — — — —

10. Father's Birthplace, Wongrowicc — — —

Name of Medical Attendant, or other Person who makes this Return Marie Güthner

Address, 245 S. Wolfe Strat.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or
should no other person be in attendance upon the mother, immediately thereafter, it shall then become the
duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and
within the period above required, except in the cases of the births and deaths of illegitimate children, and
any person or persons who shall hereafter fail to comply with the provisions of this ordinance shall be subject
to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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# RETURN OF A BIRTH

72686

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUL 24 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th July

4. Place of Birth, (Street and Number) 390 Canton ave

5. Full Name of Mother, Maggie Russel

6. Mother's Maiden Name, M. Biela

7. Mother's Birthplace, Germany

8. Full Name of Father, Charlie Russel,

9. Father's Occupation, Laborman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Miss Luckan

Address, 10 essex street,

Remarks, " " "

of the parents, and the maiden name of the mother of such child or children."

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# RETURN OF A BIRTH

7687

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT BALTIMORE JUL 23 1884

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colland |
| 3. *Date of Birth,* | June 20th 1884 |
| 4. *Place of Birth, (Street and Number)* | 148 Bethel St. |
| 5. *Full Name of Mother,* | Mary Smith |
| 6. *Mother's Maiden Name,* | Mary Hansen |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Wm. H. Smith. |
| 9. *Father's Occupation,* | Steavadore |
| 10. *Father's Birthplace,* | Washington |
| *Name of Medical Attendant, or other Person who makes this Return.* | Mary Ann Butt. |
| *Address,* | 185 S.E. cor. Central ave. & Monument St. |
| *Remarks,* | Ill Well |

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

1688

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 24 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st. 1884
4. *Place of Birth, (Street and Number)* 247 N. Eden St.
5. *Full Name of Mother,* Kate Kile
6. *Mother's Maiden Name,* Kate Bedinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Aug. Kile
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Butt

*Address,* 185 S.E. cor. Central ave & Monument St.

*Remarks,* All Well

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

72689

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUL 24 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Cd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22 Cd. 1884
4. Place of Birth, (Street and Number) 267 Arguilla St.
5. Full Name of Mother, Mary Wolf.
6. Mother's Maiden Name, Mary Elback
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernest Wolf
9. Father's Occupation, Basket maker
10. Father's Birthplace, Homestate

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, 185 S. E. cor Central av. & Monument St.

Remarks, All Well

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# RETURN OF A BIRTH

7690

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT BALTIMORE JUL 14 1884

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2cd |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 23rd 1884 |
| 4. *Place of Birth, (Street and Number)* | 22 Naboz St. |
| 5. *Full Name of Mother,* | Sarah Solomon |
| 6. *Mother's Maiden Name,* | Sarah Bernstein |
| 7. *Mother's Birthplace,* | New York |
| 8. *Full Name of Father,* | Jacob Solomon |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | New York |
| *Name of Medical Attendant,* or other Person who makes this Return. | M. A. Butt |
| *Address,* | 185 S.E. cor Centre av & Monument St. |
| *Remarks,* | All Well |

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12691

HEALTH DEPARTMENT JUN 24 1884 BALTIMORE

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 H

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 29th 1884

4. Place of Birth, (Street and Number) 54 Hillman St.

5. Full Name of Mother, Mary Deeble

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Unknown

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return, M. A. Butt

Address, 185 S.E. cor. Centre av. & Monument St

Remarks, Well Well

Murphy & Co., City Printers and Stationers.

72692

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* "
3. *Date of Birth,* May 25th. 25th
4. *Place of Birth, (Street and Number)* 532 Lexington St.
5. *Full Name of Mother,* Annie Matilda Shipp.
6. *Mother's Maiden Name,* " " Murr.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Luther Boyce Shipp.
9. *Father's Occupation,* Furniture Upholsterer.
10. *Father's Birthplace,* Norfolk Va.

*Name of Medical Attendant,* or other Person who makes this Return

*Address,*

*Remarks,* Mr. Annie Dunder.
60 North Schroeder St.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or pers[illegible] who shall hereafter fail to comply with the provisions [illegible] this section shall be subject to a fine of ten d[illegible] for each offence, to be recovered as other fines and p[illegible]es are recoverable.

. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7269

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 26th

4. Place of Birth, (Street and Number) 49 S. Poley Street

5. Full Name of Mother, Augusta Myers

6. Mother's Maiden Name, Pershau

7. Mother's Birthplace, Clausthal Hanover

8. Full Name of Father, Chas. F. Myers

9. Father's Occupation, Painter

10. Father's Birthplace, Frankfort Kentucky

Name of Medical Attendant, or other Person who makes this Return Mrs. Annie Dumler

Address, 60 North Schroeder St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

72694

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 25 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 8th of July
4. Place of Birth, (Street and Number) #71 N. Appleton Street.
5. Full Name of Mother, Mrs John P. Lewis.
6. Mother's Maiden Name, Anna Marie Smith.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John P. Lewis.
9. Father's Occupation, Engraver & Frame Gainer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs Dumbler.

Address, 60 North Schroeder St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH.

7695

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st " |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 11th " 1884. |
| *4. Place of Birth (Street and Number)* | No. 58 Barney st. Baltimore |
| *5. Full Name of Mother* | Mrs. Ellen Quinn |
| *6. Mother's Maiden Name* | " Sheehan. |
| *7. Mother's Birthplace* | Cork. Ireland. |
| *8. Full Name of Father* | Martin Quinn. |
| *9. Father's Occupation* | Laborer. |
| *10. Father's Birthplace* | Roscommon Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Ann Norman |
| *Address* | No 10 South Eden st. |
| *Remarks* | |

72696

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL. 25 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 12th |
| 4. *Place of Birth, (Street and Number)* | Preston St. 228 |
| 5. *Full Name of Mother,* | Maggie Schaffer |
| 6. *Mother's Maiden Name,* | Maggie Killen |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | George H Schaffer |
| 9. *Father's Occupation,* | Carter |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Dunmer |
| *Address,* | 60 Schroder St- |
| *Remarks,* | |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

22697

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 25 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 2d. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | July 25th 1884 |
| 4. *Place of Birth, (Street and Number)* | 166 McCulloh st Extended |
| 5. *Full Name of Mother,* | Minnie Hughes. |
| 6. *Mother's Maiden Name,* | Minnie Pistel. |
| 7. *Mother's Birthplace,* | Baltimore City. |
| 8. *Full Name of Father,* | Wm R Hughes. |
| 9. *Father's Occupation,* | Carpenter. |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr Wm D Remington M.D. |
| *Address,* | 134 N Carrollton Av. |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72698

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 25 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 5 |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | Colled |
| 3. Date of Birth, | Sunday the 17 |
| 4. Place of Birth, (Street and Number) | Mason alley No 13 |
| 5. Full Name of Mother, | Fanney Smith |
| 6. Mother's Maiden Name, | Fanney Landy |
| 7. Mother's Birthplace, | Floyds County |
| 8. Full Name of Father, | Alice Smith |
| 9. Father's Occupation, | Waggoner |
| 10. Father's Birthplace, | West County |
| Name of Medical Attendant, or other Person who makes this Return | Fanny Cornish |
| Address, | No 13 Gordon alley |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

72699

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20 1884
4. *Place of Birth, (Street and Number)* 526 Canton
5. *Full Name of Mother,* Fannie Bruner
6. *Mother's Maiden Name,* Fannie Kean
7. *Mother's Birthplace,* Turamny
8. *Full Name of Father,* John Bruner
9. *Father's Occupation,* Cahier
10. *Father's Birthplace,* Turamny

*Name of Medical Attendant,* or other Person who makes this Return Mrs. E Fray

*Address,* 193 Chester

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period abo[illegible]quired, except in the cases of the births and deaths [illegible]illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions [illegible] section shall be subject to a fine of ten doll[illegible] each offence, to be recovered as other fines and pen[illegible]s are recoverable.

NO., CITY PRINTERS AND STATIONERS.

72700

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 25 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* One Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* July 21 1884
4. *Place of Birth, (Street and Number)* 24 Chapel St
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Annie William
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return Lucindia Woolford

*Address,* 130 Register

*Remarks,*

Place in its birth, and the first and third day of each and every month to the Board of Health. In case the certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of [illegible]itimate children, and any person or persons w[illegible]all hereafter fail to comply with the provisions of th[illegible]tion shall be subject to a fine of ten dollars fo[illegible]ach offence, to be recovered as other fines and penalties [illegible]e recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

77701

HEALTH DEPARTMENT JUL 25 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th Child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | colored |
| 3. *Date of Birth,* | July 21 th |
| 4. *Place of Birth, (Street and Number)* | 134 york st |
| 5. *Full Name of Mother,* | Sophia anderson |
| 6. *Mother's Maiden Name,* | Sophia green |
| 7. *Mother's Birthplace,* | colbert county md |
| 8. *Full Name of Father,* | John anderson |
| 9. *Father's Occupation,* | labour |
| 10. *Father's Birthplace,* | colbert county md |
| *Name of Medical Attendant,* or other Person who makes this Return | mrs Lydia Potter |
| *Address,* | no 4 pastisco avenue |
| *Remarks,* | healthy Child |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7/2702

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE.

Name of Child. John Thomas Sampson

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2nd 84
4. *Place of Birth, (Street and Number)* 1 Holland St. No 70
5. *Full Name of Mother,* Annie (~~Thompson~~ Sampson)
6. *Mother's Maiden Name,* (~~Kuhl~~) Rauch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Thomas (~~Thompson~~ Sampson)
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Azle Md

*Name of Medical Attendant,* or other Person who makes this Return. Mrs R. Ewing

*Address,* 48 Holland St.

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

7270

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 3rd 1884 |
| 4. *Place of Birth, (Street and Number)* | 34 Pearl St. |
| 5. *Full Name of Mother,* | Catherine Stewart. |
| 6. *Mother's Maiden Name,* | " Voigt. |
| 7. *Mother's Birthplace,* | Balto. City. |
| 8. *Full Name of Father,* | George N. Stewart. |
| 9. *Father's Occupation,* | Druggist |
| 10. *Father's Birthplace,* | Balto. City. |
| *Name of Medical Attendant,* or other Person who makes this Return. | R. J. N. Talbert |
| *Address,* | 152 Sharp St. |
| *Remarks,* | |

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

# RETURN OF A BIRTH 7/7/04

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

| | |
|---|---|
| [redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | 3 July 1884 |
| 4. Place of Birth, (Street and Number) | E. Pratt 69 |
| 5. Full Name of Mother, | Auguste ~~Finn~~ Finn |
| 6. Mother's Maiden Name, | Auguste Pellicott |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Patrick ~~Finn~~ Finn |
| 9. Father's Occupation, | City employment |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return | Dr Reinhard |
| Address, | 224 W Fayette Street |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7705

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 5th July 1884 |
| 4. *Place of Birth, (Street and Number)* | 156 West St |
| 5. *Full Name of Mother,* | Kate E. Anderson Burns |
| 6. *Mother's Maiden Name,* | Anderson |
| 7. *Mother's Birthplace,* | Balt. |
| 8. *Full Name of Father,* | John Burns |
| 9. *Father's Occupation,* | Mariner |
| 10. *Father's Birthplace,* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return. | H. W. Webster |
| *Address,* | 59 Barre |
| *Remarks,* | |

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH.

7706

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 6th 1884
4. *Place of Birth (Street and Number)* 110 Edmondson av
5. *Full Name of Mother* Emily Farrant
6. *Mother's Maiden Name* Emily Chapman
7. *Mother's Birthplace* England
8. *Full Name of Father* alfred a Farrant
9. *Father's Occupation* artist Clothier
10. *Father's Birthplace* England

*Name of Medical Attendant, or other Person who makes this Return.* M Hammond M D

*Address* 64 N Paca St

*Remarks* Natural Labor

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or childr

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# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

*Remarks,*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH 7708

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 8th July 1884

4. Place of Birth, (Street and Number) 249 Lee st

5. Full Name of Mother, Maggie Evatt Wharton

6. Mother's Maiden Name, Evatt

7. Mother's Birthplace, Balt

8. Full Name of Father, Wm. H. Wharton

9. Father's Occupation, Farmer

10. Father's Birthplace, Va

Name of Medical Attendant, or other Person who makes this Return. J. W. Webster

Address, 57 Barnes

Remarks,

prepare, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, with other fines and forfeitures are recoverable.

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72709

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, July 9th 1884
4. Place of Birth, (Street and Number) Tessier st No 6
5. Full Name of Mother, Alice Elizebeth Quill
6. Mother's Maiden Name, Alice E Brown
7. Mother's Birthplace, St Marys Co Md
8. Full Name of Father, William Henrry Quill
9. Father's Occupation, Private Butler
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, ~~No 6 Tessier st~~

Remarks, 94 Tyson st

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or par[illegible] of such child to report its birth to the Board of He[illegible] in the manner, and within the period above [illegible]ed, except in the cases of the births and deaths of thi[illegible]imate children, and any person or persons wh[illegible]ll hereafter fail to comply with the provisions of thi[illegible]tion shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]ANS, CITY PRINTERS AND STATIONERS.

72710

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* July 9th 1884
4. *Place of Birth, (Street and Number)* Watson St. 18
5. *Full Name of Mother,* Fredericka Konigsberg
6. *Mother's Maiden Name,* " Vorladie
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Abraham Konigsberg
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Poland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs R. Ulrig

*Address,* 48 Holland St

*Remarks,*

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above [illegible]red, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subjec[illegible] the fine of ten (10) dollars for each offence to be recove[illegible]s other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

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# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

*Remarks,*

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recove[illegible] other fines and forfeitures are recoverable.

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72712

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) Famala
2. Race or Color, (if not of the white race) white race
3. Date of Birth, July 11 = 1884
4. Place of Birth, (Street and Number) no 4 south poppelton st
5. Full Name of Mother, anney Bradley
6. Mother's Maiden Name, mcarran
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bradley
9. Father's Occupation, shoemaker
10. Father's Birthplace, County Derry Ireland

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Annie Dunnla

Remarks, 20 North Schoreda St.

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

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# RETURN OF A BIRTH

72713

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2-d

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* July 12th 1884
4. *Place of Birth, (Street and Number)* [illegible] Emmanuel St.
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* Balto Md.

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address,* [illegible] E. Emmanuel St.

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In the [illegible] birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recove[illegible] other fines and forfeitures are recoverable.

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72714

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Ninth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 12th July
4. Place of Birth, (Street and Number) No 909 W. Baltimore St.
5. Full Name of Mother, Anna Mary
6. Mother's Maiden Name, Meyer
7. Mother's Birthplace, Hanover Germany
8. Full Name of Father, Hermann Frederick Radecke
9. Father's Occupation, Carpenter
10. Father's Birthplace, Hanover Germany

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs. Annie Dressler

Remarks, 60 North Schroeder St.

certificate, between the first and third day of each and every month to the Board of Health, the first of birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible] are recoverable.

O., CITY PRINTERS AND STATIONERS.

72715

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12th 1884
4. *Place of Birth, (Street and Number)* 354 S. Eutaw St
5. *Full Name of Mother,* Susan C. Ames
6. *Mother's Maiden Name,* " " Breiling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis E. Ames
9. *Father's Occupation,* Glass Blower
10. *Father's Birthplace,* N. Jersey

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke W.H.O.

*Address,* 146 Hanover St. per L.B.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above r[illegible]ed, except in the cases of the births and deaths of [illegible]imate children, and any person or persons wh[illegible]ll hereafter fail to comply with the provisions of thi[illegible]ion shall be subject to a fine of ten dollars for [illegible]ch offence, to be recovered as other fines and penalties [illegible] recoverable.

CO., CITY PRINTERS AND STATIONERS.

# NOTICE

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Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

72716

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 28 1894
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

*Remarks,*

be in attendance upon the mother, immediately after the birth, shall report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

72717

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1884
4. Place of Birth, (Street and Number) No 89 Boyd St
5. Full Name of Mother, Julia Cavanaugh
6. Mother's Maiden Name, Julia Chancy
7. Mother's Birthplace, Spiddle County Galway Ireland
8. Full Name of Father, Michael Cavanaugh
9. Father's Occupation, Laborer
10. Father's Birthplace, Dunmore County Galway Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No Poppelton St

Remarks,

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offence to be recove[illegible] other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

John Fahrel

# NOTICE

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# RETURN OF A BIRTH

72718

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14th 1884
4. *Place of Birth, (Street and Number)* 184 [illegible] St.
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address,* 152 [illegible] St.

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offence to be recove[illegible] other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

7-7-19

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 28 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th 1840
4. Place of Birth, (Street and Number) Concord St No 20
5. Full Name of Mother, Ottilia Hogan
6. Mother's Maiden Name, Eckhart
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Martin Hogan
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs K. Ellig

Address, 48 Holland St

Remarks,

...rphy & Co., City Printers and Stationers.

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above ...rd, and any such person or persons who shall hereafter ... to comply with the provisions of this section, shall be subject ... the fine of ten (10) dollars for each offence to be recovered ... other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 7 29 30

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered other fines and forfeitures are recoverable.

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th "

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th 1884.
4. Place of Birth, (Street and Number) 382. S. Charles St.
5. Full Name of Mother, Anna Doyle.
6. Mother's Maiden Name, " Kenney.
7. Mother's Birthplace, Balto City.
8. Full Name of Father, Frank Doyle.
9. Father's Occupation, Police.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. N. Tall. M.D.

Address, 152 Sharp St.

Remarks,

y & Co., City Printers and Stationers.

# RETURN OF A BIRTH

77721

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 23 1894
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 15 of July

4. Place of Birth, (Street and Number) 18 Orchard St

5. Full Name of Mother, Elizabeth Sampson

6. Mother's Maiden Name, Elizabeth Tarance

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Edward Sampson

9. Father's Occupation, Waiter

10. Father's Birthplace, Cambridge Md.

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, 94 Jayson St

Remarks,

certificate. between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above mentioned, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

WM. J. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7272

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | seventh |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 15th 1884 |
| 4. *Place of Birth, (Street and Number)* | 11 E Chesapeake |
| 5. *Full Name of Mother,* | Mary Healy |
| 6. *Mother's Maiden Name,* | Mary Maher |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Healy |
| *Father's Occupation,* | Heater |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Swayne |
| *Address,* | 59 Eugene St. |
| *Remarks,* | |

Each, 1st of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

B. FIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH.

7272 (3)

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether Male or Female)* | |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | July 16th / 56 W. Monument St |
| *4. Place of Birth (Street and Number)* | 56 W. Monument St |
| *5. Full Name of Mother* | Mary E. J. Barber |
| *6. Mother's Maiden Name* | Mary E. C. Marau |
| *7. Mother's Birthplace* | Balt. Md |
| *8. Full Name of Father* | John H. Barber |
| *9. Father's Occupation* | Grocer |
| *10. Father's Birthplace* | Bavaria |
| *Name of Medical Attendant, or other Person who makes this Return.* | Thos. S. Latimer |
| *Address* | 371 Eutaw Place |
| *Remarks* | |

# RETURN OF A BIRTH

72724

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 13th 184
4. *Place of Birth, (Street and Number)* Holland St 75
5. *Full Name of Mother,* Sarah Wilmer
6. *Mother's Maiden Name,* " Horsefield
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Wilmer
9. *Father's Occupation,* Coal dealer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Mas R. Ullig

*Address,* 48 Holland St

*Remarks,*

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

72725

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fourth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 17th 1884
4. *Place of Birth, (Street and Number)* 14 Clinton St.
5. *Full Name of Mother,* Sarah Goff Mills
6. *Mother's Maiden Name,* Sarah Goff Swayne
7. *Mother's Birthplace,* Baltimore county
8. *Full Name of Father,* John Mills
9. *Father's Occupation,* Pilot
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Swayne

*Address,* 59 Luzerne St.

*Remarks,*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

B. PIET, PRINTER & STATIONER, BALT.

72726

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18/84
4. Place of Birth, (Street and Number) 10 Myrtle ave,
5. Full Name of Mother, ~~Mary~~ Laura V. Mills
6. Mother's Maiden Name, " " Winter
7. Mother's Birthplace, Manchester Carroll Co Md
8. Full Name of Father, Jas. B. Mills
9. Father's Occupation, Weigh Master B & O R.R.
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return H. L. Spear Mr

Address, 387 N. Lombard St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NG., CITY PRINTERS AND STATIONERS.

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# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

*Remarks,*

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. Sex, (*state whether male or female*)

2. Race or Color, (*if not of the white race*)

3. Date of Birth,

4. Place of Birth, (*Street and Number*)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT JUL 28 1894 BALTIMORE

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

7-2-84

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUL
29
1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | July 19 / 84 |
| 4. *Place of Birth, (Street and Number)* | 7 Clarkson al. |
| 5. *Full Name of Mother,* | Mary Shields |
| 6. *Mother's Maiden Name,* | " Coffin |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Wm J. Shields |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Smith - Mid- |
| *Address,* | |
| *Remarks,* | |

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72730

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 19 1884 |
| 4. *Place of Birth, (Street and Number)* | 234 N Gay |
| 5. *Full Name of Mother,* | Laura Fussdbaugh |
| 6. *Mother's Maiden Name,* | " Heidman |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | W. H. B. Fussdbaugh of J. |
| 9. *Father's Occupation,* | Paper Hanger |
| 10. *Father's Birthplace.* | Balto. |
| *Name of Medical Attendant,* or other Person who makes this Return | D. Sheett MD |
| *Address,* | 143 N. Exeter St |
| *Remarks,* | 7 Mo. utero gestation |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

72731

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 19 1884
4. Place of Birth, (Street and Number) 42 Stoglon alley
5. Full Name of Mother, Mary Balzer
6. Mother's Maiden Name, Mary Drawn
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhart Badzzler
9. Father's Occupation, Shoe maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Charlotte Proctor

Address, 10 Carlton ct

Remarks, prepaid

HEALTH DEPARTMENT JUL 23 1884 BALTIMORE

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

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# RETURN OF A BIRTH

72732

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address,* [illegible]

*Remarks,*

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE.

[illegible] be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]hy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

77733

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 20 ed 1884 |
| 4. *Place of Birth, (Street and Number)* | 1st 21 Randall st |
| 5. *Full Name of Mother,* | Mary Ellerson |
| 6. *Mother's Maiden Name,* | Woods. |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Samuel Ellerson |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return | J. Schwaner midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

HEALTH DEPARTMENT BALTIMORE JUL 1884

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

72731

HEALTH DEPARTMENT JUL 23 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d ona |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 20 July |
| 4. *Place of Birth, (Street and Number)* | 1 Greenfield ave |
| 5. *Full Name of Mother,* | Josephine Henson |
| 6. *Mother's Maiden Name,* | Wesley |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | Hanselon Henson |
| 9. *Father's Occupation,* | Driver |
| 10. *Father's Birthplace,* | Washington D C |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Annie Johnson |
| *Remarks,* | 91 Lyon st |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72735

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 20 th
4. Place of Birth, (Street and Number) 94 Tyson st
5. Full Name of Mother, Lucy Mary Wilson
6. Mother's Maiden Name, ... ... Johnson
7. Mother's Birthplace, Harrisonburg Virginia
8. Full Name of Father, Charles H. Wilson
9. Father's Occupation, Waiter
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return Mrs Annie Johnson

Address, 94 Tyson

Remarks,

should no other person be in attendance upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

77736

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 20 1884 BALTIMORE.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20, 1884
4. Place of Birth, (Street and Number) Hubert St
5. Full Name of Mother, Jane Kenney
6. Mother's Maiden Name, Jane Divers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Kenney
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Thos E Hall

Address, No 13 Cuba St

Remarks,

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72737

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
26
1894
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 20th 1894 |
| 4. *Place of Birth, (Street and Number)* | 1068 Green St |
| 5. *Full Name of Mother,* | Jane E. Smith |
| 6. *Mother's Maiden Name,* | " " Hutchings |
| 7. *Mother's Birthplace,* | Calvert Co Md |
| 8. *Full Name of Father,* | Wm H Smith |
| 9. *Father's Occupation,* | Porter |
| 10. *Father's Birthplace,* | Calvert Co Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Theodore Cooke MD |
| *Address,* | 146 Hanover st |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72738

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 20th 1884
4. *Place of Birth, (Street and Number)* 98 Hudson st.
5. *Full Name of Mother,* Mary Monroe
6. *Mother's Maiden Name,* Mary Monroe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Monroe
9. *Father's Occupation,* Soldier
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Swayne

*Address,* 59 Luzerne

*Remarks,*

form, its or their physical condition, whether stillborn or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

72739

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) ——
3. Date of Birth, July 21st 1884.
4. Place of Birth, (Street and Number) 92 Barre St.
5. Full Name of Mother, Mattie Beinbower.
6. Mother's Maiden Name, " Hamilton
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Wm. Chas. E. Beinbower,
9. Father's Occupation, Dentist,
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return. R. J. H. Tall. M.D.

Address, 152 Sharp St.

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here fail to comply with the provisions of this section, shall be su to the fine of ten (10) dollars for each offence to be rec as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

72740

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | July 21st 1884 |
| 4. *Place of Birth, (Street and Number)* | 4 Broadway Alley |
| 5. *Full Name of Mother,* | Selina E. Ray |
| 6. *Mother's Maiden Name,* | Selina E Frey |
| 7. *Mother's Birthplace,* | Washington D C |
| 8. *Full Name of Father,* | J Wesley Ray |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Elkton Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Caroline her x Jordan |
| *Address,* | 149 Chestnut mark St |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children.

B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
JUL 26 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, July 21
4. Place of Birth, (Street and Number) Raubert St
5. Full Name of Mother, Maggie Gacklein
6. Mother's Maiden Name, Maggie Schaffer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Stephen Gacklein
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bavarie

Name of Medical Attendant, or other Person who makes this Return Mrs Ettel

Address, No 13 Cuba St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are to be recovered.

... CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21 1884
4. Place of Birth, (Street and Number) Hubert St
5. Full Name of Mother, Lizzie Numan
6. Mother's Maiden Name, Lizzie Cunningham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wickel Numan
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Ettel

Address, No 13 Cuba St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7774

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. first

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 21. 1884

4. Place of Birth, (Street and Number) 83 E. Ramsey st.

5. Full Name of Mother, Betty Munser

6. Mother's Maiden Name, Betty Seeger

7. Mother's Birthplace, Germany

8. Full Name of Father, George Munser

9. Father's Occupation, Store keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schleifer

Address, 20 Columbia Ave

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

72744

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* 21 of July
4. *Place of Birth, (Street and Number)* 31 China Ally
5. *Full Name of Mother,* Sarh Arnstrong
6. *Mother's Maiden Name,* Sarh Newman
7. *Mother's Birthplace,* Baltimore N.A.
8. *Full Name of Father,* ~~Water~~ Alex Newman
9. *Father's Occupation,* Water
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Milly Gous

*Address,* No 12 Plumalley

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible]NE, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72745

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d child. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 22d 1884. |
| 4. *Place of Birth, (Street and Number)* | 90 Columbia Av. |
| 5. *Full Name of Mother,* | Catherine Metzel. |
| 6. *Mother's Maiden Name,* | " Seulner. |
| 7. *Mother's Birthplace,* | Balto. City. |
| 8. *Full Name of Father,* | Seigman Metzel. |
| 9. *Father's Occupation,* | Salesman. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return. | K. J. N. Tall. M.D. |
| *Address,* | 159 Sharp St. |
| *Remarks,* | |

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

# RETURN OF A BIRTH

77716

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col
3. Date of Birth. 22 July
4. Place of Birth, (Street and Number) 64 Druid Hill ave
5. Full Name of Mother, Charlotte Virginia Lee Bowyer
6. Mother's Maiden Name, Matthews
7. Mother's Birthplace, Balto
8. Full Name of Father, Jacob Thomas McKowsey Jr
9. Father's Occupation, Hostler
10. Father's Birthplace, Howard county

Name of Medical Attendant, or other Person who makes this Return Anni Johnston Midwife

Address, 941 Lytton st

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12747

HEALTH DEPARTMENT JUL 28 1934 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 22 nd 1934

4. Place of Birth, (Street and Number) 1 S 149 Pratt St

5. Full Name of Mother, Josephine Lester

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto

8. Full Name of Father, John Lester

9. Father's Occupation, Cloth Cutter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, Wm F. Illing

Address, 48 Holland St

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72748

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22nd 1884
4. Place of Birth, (Street and Number) Egg Bridge Md Co
5. Full Name of Mother, Allen H Acton
6. Mother's Maiden Name, " Fitzpatrick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Saml G Acton
9. Father's Occupation, Farmer Resident Co
10. Father's Birthplace, Maine

Name of Medical Attendant, or other Person who makes this Return Prudence Cooke M D

Address, 46 Hanover St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72749

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 22nd 1884 |
| 4. Place of Birth, (Street and Number) | S.E. Cor Mc Mechin & Bolton |
| 5. Full Name of Mother, | Minnie Long Willett |
| 6. Mother's Maiden Name, | Minnie Long |
| 7. Mother's Birthplace, | New Iberia La |
| 8. Full Name of Father, | Silas L Willett |
| 9. Father's Occupation, | Gentleman |
| Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return | Caleb Winslow MD |
| Address, | 23 McCulloh St |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 72750

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1. first |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | ~~122 Scott st~~ July 22. 1884 |
| 4. Place of Birth, (Street and Number) | 122 Scott st. |
| 5. Full Name of Mother, | Johanna Kamm |
| 6. Mother's Maiden Name, | Johanna Rausk |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | John Kamm |
| 9. Father's Occupation, | Laborer |
| Father's Birthplace. | Germany |
| Name of Medical Attendant, or other Person who makes this Return | Mrs. Kunigunda Schlifer |
| Address, | 20 Columbia to. |
| Remarks. | |

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7291

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 the day of July

4. Place of Birth, (Street and Number) No. 540 N. Amity

5. Full Name of Mother, Louisa Schindler

6. Mother's Maiden Name, Louisa Appel

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Schindler

9. Father's Occupation, Tailor

10. Father's Birthplace, Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return Mrs W. Maennel

Address, 228 Saratoga str. Midwife

Remarks,

of the parents, and the maiden name of the mother of such child or children."

C. DOLAN & CO., CITY PRINTERS AND STATIONERS

72752

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 8 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 23 of July 1884 |
| 4. *Place of Birth, (Street and Number)* | No 252 Durham Str. |
| 5. *Full Name of Mother,* | Carrie Albricht |
| 6. *Mother's Maiden Name,* | Carrie Herbrich |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | George Albricht |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs C. Christina Lauer |
| *Address,* | No 173 Harford Ave |
| *Remarks,* | Baltimore Md 1884 |
| | 1884 |

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period [illegible] required, except in the cases of the births and deaths [illegible] illegitimate children, and any person or person [illegible] who shall hereafter fail to comply with the provisions [illegible] this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7703

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 28 1884
BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 28th 1884 |
| 4. Place of Birth, (Street and Number) | 232 Scott St |
| 5. Full Name of Mother, | Elizabeth Wagner |
| 6. Mother's Maiden Name, | E Ruppert |
| 7. Mother's Birthplace, | Baltimore Md |
| 8. Full Name of Father, | Joseph Wagner |
| 9. Father's Occupation, | Saloon keeper |
| Father's Birthplace. | Baltimore Md |
| Name of Medical Attendant, or other Person who makes this Return | Geo R Graham M.D. |
| Address, | 136 Columbia ave |
| Remarks, | |

Sex, race or color, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

72754

JUL 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 23rd 1884 |
| 4. *Place of Birth, (Street and Number)* | 1 J McElderry St. 3 |
| 5. *Full Name of Mother,* | Christine Hoofnagle |
| 6. *Mother's Maiden Name,* | Tilbmans |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | John Hoofnagle |
| 9. *Father's Occupation,* | Shoemaker |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs K. Ulrey |
| *Address,* | 4 & Holland St. |
| *Remarks,* | |

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Co., City Printers and Stationers.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Color

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth.* 23 of July
4. *Place of Birth, (Street and Number)* 57 gunder Alley
5. *Full Name of Mother,* Juley Irrenney
6. *Mother's Maiden Name,* Juley Cornish
7. *Mother's Birthplace,* Dorchester Cuntry
8. *Full Name of Father,* Damnon Canish
9. *Father's Occupation,* Oyster Shuke
10. *Father's Birthplace,* Dorchester Md

*Name of Medical Attendant,* or other Person who makes this Return Milley Gross

*Address,* No 12 Kplundlery

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons [illegible]hall hereafter fail to comply with the provisions of t[illegible]ction shall be subject to a fine of ten dollars [illegible]ench offence, to be recovered as other fines and penalti[illegible]re recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12756

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 23d 1884 |
| 4. *Place of Birth, (Street and Number)* | 227 Madison Ave |
| 5. *Full Name of Mother,* | Fannie Smith |
| 6. *Mother's Maiden Name,* | " Hopkins |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Dr B. Holly Smith |
| 9. *Father's Occupation,* | Dentist |
| 10. *Father's Birthplace,* | Va. |
| *Name of Medical Attendant,* or other Person who makes this Return | Thomas Obie M.D. |
| *Address,* | 179 N. Howard St |
| *Remarks,* | Baltimore. |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72757

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 3 July

4. Place of Birth, (Street and Number) 320 West St Balto Md

5. Full Name of Mother, Susie Turner

6. Mother's Maiden Name, Susie Turner

7. Mother's Birthplace, Eastern Shore Dorchester Co Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return Caroline Moore Midwife

Address, No 2 Sullivan St Balto Md

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

72758

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 birth

1. Sex, (state whether male or female) mal
2. Race or Color, (if not of the white race) white 4 Tali
3. Date of Birth, Copelstrat No 4
4. Place of Birth, (Street and Number) Klare Binlein
5. Full Name of Mother, " " Warns
6. Mother's Maiden Name, Over - Oldenburg - Germ
7. Mother's Birthplace, John Binlein
8. Full Name of Father, Tailor
9. Father's Occupation, /
10. Father's Birthplace, Weitner

Name of Medical Attendant, or other Person who makes this Return Mirs Mauser

Address, Lombard Str. No 278

Remarks,

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

72759

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 birth

1. *Sex, (state whether male or female)* mal
2. *Race or Color, (if not of the white race)* whit
3. *Date of Birth,* 4 Juli
4. *Place of Birth, (Street and Number)* Duklasstr. No 119
5. *Full Name of Mother,* Anna Sepp
6. *Mother's Maiden Name,* " " Muller
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Anton Sepp
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Maurer

*Remarks,* Lombardstr. No 278

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]uired, except in the cases of the births and deaths [illegible]egitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible] are recoverable.

CO., CITY PRINTERS AND STATIONERS.

72760

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 birth |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 4 July |
| 4. *Place of Birth, (Street and Number)* | Wells Street No 130 |
| 5. *Full Name of Mother,* | Luise Flamer |
| 6. *Mother's Maiden Name,* | " " Schneider |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Robert Flamer |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Chas Maurer |
| *Address,* | |
| *Remarks,* | Lombard Sts. No 228 |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | Color |
| 3. *Date of Birth,* | July the 4 |
| 4. *Place of Birth, (Street and Number)* | cross st 220 |
| 5. *Full Name of Mother,* | Margret dixison |
| 6. *Mother's Maiden Name,* | chambers |
| 7. *Mother's Birthplace,* | chester town |
| 8. *Full Name of Father,* | perry dixison |
| 9. *Father's Occupation,* | drayman |
| 10. *Father's Birthplace,* | chester town |
| *Name of Medical Attendant,* or other Person who makes this Return | A. Wilson |
| *Address,* | Howard st 314 |
| *Remarks,* | |

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7276

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Color |
| 3. *Date of Birth,* | 4 of July |
| 4. *Place of Birth, (Street and Number)* | China St 80 |
| 5. *Full Name of Mother,* | Harrit Trucsion |
| 6. *Mother's Maiden Name,* | calemon |
| 7. *Mother's Birthplace,* | port deposit |
| 8. *Full Name of Father,* | John Trucsion |
| 9. *Father's Occupation,* | sailor |
| 10. *Father's Birthplace,* | Denton |
| *Name of Medical Attendant,* or other Person who makes this Return | A Wilson |
| *Address,* | Harvard St 314 |
| *Remarks,* | |

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

72763

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 7 of july
4. *Place of Birth, (Street and Number)* Conny St 184
5. *Full Name of Mother,* Martha tyler
6. *Mother's Maiden Name,* Synclare
7. *Mother's Birthplace,* Cam Bridge
8. *Full Name of Father,* John tyler
9. *Father's Occupation,* la Bourer
10. *Father's Birthplace,* West river

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Haward St 314

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period ab[illegible]quired, except in the cases of the births and death[illegible] illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions [illegible] section shall be subject to a fine of ten dolla[illegible] or each offence, to be recovered as other fines and pena[illegible]s are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

7276 4

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 birth

1. Sex, (state whether male or female) femal
2. Race or Color, (if not of the white race) wheit
3. Date of Birth, 8 Juli
4. Place of Birth, (Street and Number) Canton
5. Full Name of Mother, Johana Cartswill
6. Mother's Maiden Name, ~~Batt~~ Dschanzen
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Thomas Cartswill
9. Father's Occupation, Seeman
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other Person who makes this Return Mrs. Maurer

Address,

Remarks, Lombardstr. No 255

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 30 1904 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | twins females |
| 2. *Race or Color, (if not of the white race)* | Color |
| 3. *Date of Birth,* | july 1 |
| 4. *Place of Birth, (Street and Number)* | Howard st 215 |
| 5. *Full Name of Mother,* | cathrin ~~Howard~~ Caulk |
| 6. *Mother's Maiden Name,* | Howard |
| 7. *Mother's Birthplace,* | ~~Kent~~ calvert Co |
| 8. *Full Name of Father,* | thomas caulk |
| 9. *Father's Occupation,* | grain measur |
| 10. *Father's Birthplace,* | Kent Co |
| *Name of Medical Attendant,* or other Person who makes this Return | A Wilson |
| *Address,* | Howard St 314 |
| *Remarks,* | |

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or ... of such child to report its birth to the Board of Health, in the manner, and within the period aforesaid, except in the cases of the births and deaths of illegitimate children, and any person or persons ... shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, for each offence, to be recovered as other fines and penalties are recoverable.

...CO., CITY PRINTERS AND STATIONERS.

72766

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 13 July leaden Hall St 204
4. *Place of Birth, (Street and Number)* leaden Hall St 204
5. *Full Name of Mother,* Mary Ross
6. *Mother's Maiden Name,* Thomas
7. *Mother's Birthplace,* Calvert Co
8. *Full Name of Father,* Robbert Ross
9. *Father's Occupation,*
10. *Father's Birthplace,* Calvert Co

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Haward St 314

*Remarks,*

[illegible] duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible]ITY PRINTERS AND STATIONERS.

72767

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 birth |
| 1. *Sex, (state whether male or female)* | mal |
| 2. *Race or Color, (if not of the white race)* | wheit |
| 3. *Date of Birth,* | 15 Juli |
| 4. *Place of Birth, (Street and Number)* | Duhamstr. 52 |
| 5. *Full Name of Mother,* | Margeratha Döring |
| 6. *Mother's Maiden Name,* | " " Neiman |
| 7. *Mother's Birthplace,* | Geesfeld-Preussen-Germ |
| 8. *Full Name of Father,* | Konrad Döring |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Kassel-Hanover-Germ |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Maurer |
| *Address,* | |
| *Remarks,* | Lombardstr. No 278 |

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...S., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

22768

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 birth |
| 1. *Sex, (state whether male or female)* | mal |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth,* | 14 Juli – |
| 4. *Place of Birth, (Street and Number)* | Hafer Gasse No 541 |
| 5. *Full Name of Mother,* | Anna Has |
| 6. *Mother's Maiden Name,* | " " Siegrits |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Franz Has |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Waterlach – Baiern – Germ. |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Miss Maurer |
| *Remarks,* | Lombard Street No 228 |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

72769

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 birth |
| 1. *Sex, (state whether male or female)* | femal |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth,* | 14 Juli |
| 4. *Place of Birth, (Street and Number)* | ~~Rue~~ Duklas St. No 99 |
| 5. *Full Name of Mother,* | Kathi Weinel |
| 6. *Mother's Maiden Name,* | " " Muller |
| 7. *Mother's Birthplace,* | Helmsrecht-Baiern-Germ |
| 8. *Full Name of Father,* | Wilhelm Weinel |
| 9. *Father's Occupation,* | Baker |
| 10. *Father's Birthplace,* | Heilgruden-Hessen-Germ |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs Manser |
| *Remarks,* | Lombard Str No 278 |

certificate, between the first and third day of each and every month to the board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

...O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72770

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 14 of July
4. Place of Birth, (Street and Number) Mass st 310
5. Full Name of Mother, Eliezer groose
6. Mother's Maiden Name, grass
7. Mother's Birthplace, Balto
8. Full Name of Father, frank young
9. Father's Occupation, Single
10. Father's Birthplace, norfork Va

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Howard St 314

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent, or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

1884, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 2771

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14th 1884
4. *Place of Birth, (Street and Number)* 92 Potomac St
5. *Full Name of Mother,* Margaret Cartwright
6. *Mother's Maiden Name,* Margaret Smith
7. *Mother's Birthplace,* Penn
8. *Full Name of Father,* William Smith
9. *Father's Occupation,* Potter
10. *Father's Birthplace,* England

*Name of Medical Attendant,* or other Person who makes this Return. E W Janney M.D

*Address,* 85 Canton St

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

12772

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT JUL 30 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 birth |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 17 Juli |
| 4. *Place of Birth, (Street and Number)* | Durham St. № 124 |
| 5. *Full Name of Mother,* | Elisabetha Kimmelmann |
| 6. *Mother's Maiden Name,* | " " Arnieses |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Anderes Kimmelman |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs Bauser |
| *Remarks,* | Lombard St. № 278 |

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 17/84 |
| 4. *Place of Birth, (Street and Number)* | 16 N. Stricker St |
| 5. *Full Name of Mother,* | Mary Moore |
| 6. *Mother's Maiden Name,* | " McKenzie |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | Thos Moore. |
| 9. *Father's Occupation,* | Clerk. |
| 10. *Father's Birthplace,* | Va |
| *Name of Medical Attendant,* or other Person who makes this Return | Thos Opie M.D. |
| *Address,* | 179 N. Howard St |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 29 1884
BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 18/84 |
| 4. *Place of Birth, (Street and Number)* | 17 S. Fulton |
| 5. *Full Name of Mother,* | Martha A. ~~Harvey~~ Clarke |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Aug. A Harvey |
| 9. *Father's Occupation,* | Fireman Bo O RR |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other Person who makes this Return | Thos Opie MD |
| *Address,* | 179 N. Howard St |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7775

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 20 July

4. *Place of Birth, (Street and Number)* 121 N. Eden St

5. *Full Name of Mother,* Christina Fulda

6. *Mother's Maiden Name,* " Tetet

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles A. Fulda.

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other Person who makes this Return* [illegible]

*Address,* 137 Eden St

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

77-76

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 20 of July

4. Place of Birth, (Street and Number) Hill St 281

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, St mary Co

8. Full Name of Father, John Smith

9. Father's Occupation, Single

10. Father's Birthplace, St mary Co

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Harford St 314

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 30 1884
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22th 1884.
4. Place of Birth, (Street and Number) No 7 Hughes st.
5. Full Name of Mother, Elizebeth Lehnhardt
6. Mother's Maiden Name, Elizebeth Feucht
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Lehnhardt
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catharine Hornung

Address, No 18 Byrd st.

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case no birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, it should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72778

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 22/84 |
| 4. *Place of Birth, (Street and Number)* | 241 McCulloughs St |
| 5. *Full Name of Mother,* | Bessie Heim |
| 6. *Mother's Maiden Name,* | " Nicodemus |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | Chas G. Heim |
| 9. *Father's Occupation,* | Book Keeper |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return | Thos Opie M.D. |
| *Address,* | 179 N. Howard |
| *Remarks,* | |

...CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

77779

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, ~~July~~ 24 of June
4. Place of Birth, (Street and Number) Warner St 198
5. Full Name of Mother, Harriet Sutton
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, Calvert Co
8. Full Name of Father, Richard Sutton
9. Father's Occupation, Single
10. Father's Birthplace, Calvert Co

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Harvard St 314

Remarks,

...

...

...

# RETURN OF A BIRTH

72780

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 + 3rd (Twins)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 24th 1884
4. *Place of Birth, (Street and Number)* 28 Roberts St
5. *Full Name of Mother,* Lizzie R Westerman
6. *Mother's Maiden Name,* Coyne
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas B Westerman
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace.* Balto

*Name of Medical Attendant,* or other Person who makes this Return Chas E Sadtler M.D.

*Address,* 565 Druid Hill Ave

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72781

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th July 1884
4. Place of Birth, (Street and Number) 49½ Hillen
5. Full Name of Mother, Mary Murray
6. Mother's Maiden Name, Burke
7. Mother's Birthplace, Ireland
8. Full Name of Father, Frank Murray
9. Father's Occupation, Bar Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. H. W. Webster

Address, 57 Barnes

Remarks,

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

77782

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

Name: Anna Marie Eurich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th
4. Place of Birth, (Street and Number) No 191 S. Bond St.
5. Full Name of Mother, Elizabeth (Lizzie) ~~(Eurich)~~ Eurich
6. Mother's Maiden Name, (Linker) Linker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John ~~(Eurich)~~ Eurich
9. Father's Occupation, Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Simson

Address, No 70 Granby St.

Remarks,

...INTERS AND STATIONERS.

# RETURN OF A BIRTH 7278

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 24th 1884

4. Place of Birth, (Street and Number) 291 Ramsay St

5. Full Name of Mother, Mary Alice Magruder

6. Mother's Maiden Name, Mary Alice Clark

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Geo Geiger Magruder

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Dr Geo Geiger Midwife

Address, 128 N Poppleton St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

72784

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto July 25 1884

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Balto July 24 1884
4. Place of Birth, (Street and Number) 38 Bank Street.
5. Full Name of Mother, Louisia Burkely.
6. Mother's Maiden Name, Louisa Hein.
7. Mother's Birthplace, America
8. Full Name of Father, Charles Burkely.
9. Father's Occupation, Druggist.
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return Mrs Mary Amend.

Address, 137 South Wolfe St.

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

72785

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24 1884
4. Place of Birth, (Street and Number) 343 Eastern Ave
5. Full Name of Mother, Sara Malloy
6. Mother's Maiden Name, Sar Rawlin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Malloy
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs E. Fray

Address, 193 Chester

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period abo[illegible] required, except in the cases of the births and death[illegible] illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions [illegible] section, shall be subject to a fine of ten doll[illegible] for each offence, to be recovered as other fines and pen[illegible]es are recoverable.

NO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72786

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 24. 1884. |
| 4. *Place of Birth, (Street and Number)* | 64 N. Stricker St. |
| 5. *Full Name of Mother,* | Emily Holmes |
| 6. *Mother's Maiden Name,* | " Turner |
| 7. *Mother's Birthplace,* | England |
| 8. *Full Name of Father,* | Charles Holmes. |
| 9. *Father's Occupation,* | Clerk |
| *Father's Birthplace,* | England. |
| *Name of Medical Attendant,* or other Person who makes this Return. | Alfred Wanstall, M.D. |
| *Address,* | 228 N. Eutaw St. |
| *Remarks,* | |

born, its or their physical condition, whether still-born or not, the full names, and
of the parents, and the maiden name of the mother of such child or children.

N B. FIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH 7787

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) dark
3. Date of Birth, July 28/1884
4. Place of Birth, (Street and Number) 34 Shorp St
5. Full Name of Mother, Agness Gardner
6. Mother's Maiden Name, Agness Holiday
7. Mother's Birthplace, Frederick City
8. Full Name of Father, Sandy Gardner
9. Father's Occupation, Cook
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Ahied Johnson

Address, No 6 Hamilton St

Remarks.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

7788

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
JUL 28 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W. Male
3. *Date of Birth,* July 25th 1884
4. *Place of Birth, (Street and Number)* 1 N. Bethel St. 58
5. *Full Name of Mother,* Katherine A Barnard
6. *Mother's Maiden Name,* " Answerden
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Barnard
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Mrs R. Ellis

*Address,* 48 Holland St

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72789

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

July 25th 1884.

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25th 1884.
4. *Place of Birth, (Street and Number)* 132 Canton Ave.
5. *Full Name of Mother,* Mary Zipfling
6. *Mother's Maiden Name,* Mary Shumaker
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Julius Zipfling
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Mary Amend

*Address,* No 137 S Wolfe St.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 of July
4. Place of Birth, (Street and Number) 353 Central Ave.
5. Full Name of Mother, Catherine Krieger
6. Mother's Maiden Name, " Suter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Suter
9. Father's Occupation, Tailor
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other Person who makes this Return Mary Walter

Address, 125 N Caroline St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

77791

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July the 25th
4. Place of Birth, (Street and Number) No 379 Edgar St.
5. Full Name of Mother, Emelie Schaney
6. Mother's Maiden Name, Whies
7. Mother's Birthplace, Baltimore
8. Full Name of Father, L. Schaney
9. Father's Occupation, Drugist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Schultes

Address, No 246 E. Chew St.

Remarks,

and third day of each and every month to the Board of Health. In case the or without the attendance of a physician, or of a practitioner of midwifery, or in attendance upon the mother, immediately thereafter, shall then become the nts of such child to report its birth to the Board of Health, in the manner, and required, except in the cases of the births and deat illegitimate children, and ho shall hereafter fail to comply with the provisions of this section shall be subject for each offence, to be recovered as other fines and penalties are recoverable.

TIONERS.

# RETURN OF A BIRTH

12792

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 birth |
| 1. *Sex, (state whether male or female)* | Femal |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 26 Juni |
| 4. *Place of Birth, (Street and Number)* | Pratt street No 265 |
| 5. *Full Name of Mother,* | Kunigunda Buttner |
| 6. *Mother's Maiden Name,* | " " Beuting |
| 7. *Mother's Birthplace,* | Regenthal-Baiern-Germ |
| 8. *Full Name of Father,* | Gehm Buttner |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | Regenthal-Baiern-Germ |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. Manser |
| *Address,* | |
| *Remarks,* | Lombard St. No 228 |

...ONERS.

# RETURN OF A BIRTH

7279

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, 26th July 1884

4. Place of Birth, (Street and Number) 653 N Lombard

5. Full Name of Mother, Virginia Baily

6. Mother's Maiden Name, Pearson

7. Mother's Birthplace, Balt

8. Full Name of Father, Levin T. Baily

9. Father's Occupation, Balt Carpenter

10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. H. W. Wilhelm

Address,

Remarks,

City Printers and Stationers.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

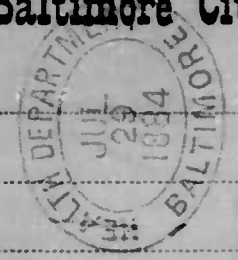
Every effort was made to assure legibility and completeness.

72794

# ETURN OF A BIRTH

**fice of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE



ld of Mother, (state whether 1st, 2d, 3d, &c.) First

(state whether male or female) Female

ce or Color, (if not of the white race) White

te of Birth, July 26th 1884

lace of Birth, (Street and Number) 161 W. Lombard st

ull Name of Mother, Mary Moore

other's Maiden Name, " "

Mother's Birthplace, New York

Full Name of Father, Don't Know

Father's Occupation, " "

Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D.

Address, 161 W. Lombard st.

Remarks,

# RETURN OF A BIRTH

7795

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 26th 1884 |
| 4. *Place of Birth, (Street and Number)* | 461 N. Fremont |
| 5. *Full Name of Mother,* | Louisa McM. Mechen |
| 6. *Mother's Maiden Name,* | Karcher |
| 7. *Mother's Birthplace,* | Balto. City |
| 8. *Full Name of Father,* | Wm. W. McM. Mechen |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Balto. City |
| *Name of Medical Attendant,* or other Person who makes this Return | J. H. CHRISTIAN, M. D. |
| *Address,* | |
| *Remarks,* | |

SD STATIONERS.

72796

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 26, 1884
4. *Place of Birth, (Street and Number)* N. Bond St. No 30
5. *Full Name of Mother,* Anna Geisenhöfer
6. *Mother's Maiden Name,* Anna Wagner
7. *Mother's Birthplace,* Amberg, N. Bayern, Germany
8. *Full Name of Father,* Wilhelm Geisenhöfer
9. *Father's Occupation,* Tavern Keeper
10. *Father's Birthplace,* Greven, N. Preussen, Germany

*Name of Medical Attendant, or other Person who makes this Return* Mary E. Müller

*Address,* N. Dallas St. No. 26

*Remarks,*

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

...., CITY PRINTERS AND STATIONERS.

77797

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26th 84

4. Place of Birth, (Street and Number) 184 N. Ann St.

5. Full Name of Mother, Mary Krebs

6. Mother's Maiden Name, " Kerr

7. Mother's Birthplace, Balto

8. Full Name of Father, John Krebs

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs K. Allen

Address, 48 Holland

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

72798

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26th 1884
4. *Place of Birth, (Street and Number)* No. 8 Windsor Street (Canton)
5. *Full Name of Mother,* Mrs. Rachel Virginia Stone
6. *Mother's Maiden Name,* Miss Rachel V. Dorrett
7. *Mother's Birthplace,* Baltimore County, Md.
8. *Full Name of Father,* Mr. Charles W. Stone
9. *Father's Occupation,* Produce Dealer
10. *Father's Birthplace,* Baltimore City, Md.

*Name of Medical Attendant,* or other Person who makes this Return Wm. H. Claudinen M.D.

*Address,* No. 108 North Broadway

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a prac[illegible]er of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible]all then become the duty of the parent or parents of such child to report its birth to the Board of [illegible]h, in the manner, and within the period above required, except in the cases of the births and deat[illegible] legitimate children, and any person or pers[illegible]who shall hereafter fail to comply with the provision[illegible]s section shall be subject to a fine of ten do[illegible]or each offence, to be recovered as other fines and p[illegible]es are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

72799

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name added Helena Feldner

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 birth

1. Sex, (state whether male or female) femal
2. Race or Color, (if not of the white race) wheit
3. Date of Birth. 27 Juni
4. Place of Birth, (Street and Number) Makelbri str. 502
5. Full Name of Mother. Kathe Feldner
6. Mother's Maiden Name, " " Gro
7. Mother's Birthplace, Stoindorf-Hessen-Germ.
8. Full Name of Father, Kasper Feldner
9. Father's Occupation,
10. Father's Birthplace, Kassel-Hanover-Germ.

Name of Medical Attendant, or other Person who makes this Return Mrs Mauser

Address,

Remarks, Lombardstr. No 273

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72800

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* July 27 1884
4. *Place of Birth, (Street and Number)* No 5 stoctimaly
5. *Full Name of Mother,* priscilla snowden
6. *Mother's Maiden Name,* priscillia Hammond
7. *Mother's Birthplace,* Howard Co md
8. *Full Name of Father,* John snowden
9. *Father's Occupation,* trockman
10. *Father's Birthplace,* Mapsose md

*Name of Medical Attendant,* or other Person who makes this Return Chollopet Warn

*Address,* 258 savoy st

*Remarks,* Born in seven months not zetalive

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

12801

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 4th 1884 |
| 4. *Place of Birth, (Street and Number)* | 73 S. Eden |
| 5. *Full Name of Mother,* | Georgetta Johnston |
| 6. *Mother's Maiden Name,* | Cunningham |
| 7. *Mother's Birthplace,* | ~~City~~ Harford Co. Md. |
| 8. *Full Name of Father,* | Thomas Johnston |
| 9. *Father's Occupation,* | Book Keeper |
| 10. *Father's Birthplace,* | City |
| *Name of Medical Attendant,* or other Person who makes this Return | E. L. Lewis M.D |
| *Address,* | 374 E. Balto. St. |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 10 th July 1884 |
| 4. *Place of Birth, (Street and Number)* | 471 E. Lombard St. |
| 5. *Full Name of Mother,* | Sallie Buxton Shaffer |
| 6. *Mother's Maiden Name,* | Skinner |
| 7. *Mother's Birthplace,* | City |
| 8. *Full Name of Father,* | James Frederick Shaffer |
| 9. *Father's Occupation,* | Bank Clerk |
| 10. *Father's Birthplace,* | City |
| *Name of Medical Attendant,* or other Person who makes this Return | E. L. Brown M.D. |
| *Address,* | 875 E. Balto. St |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

72803

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 20 1884 number
4. *Place of Birth (Street and Number)* Fort St near Jackson Ne
5. *Full Name of Mother* Mary Elizabeth Schellen
6. *Mother's Maiden Name* Grill
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John H. Schellen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Yewell

*Address* 68 Fort Ave

*Remarks*

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72804

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July. 23rd
4. *Place of Birth, (Street and Number)* Baltimore Pratt st. No. 130
5. *Full Name of Mother,* Maggie Beck.
6. *Mother's Maiden Name,* " Younger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John. Beck.
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. C. Mitchell

*Address,* No. 54 Schroder.

*Remarks,*

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 th " |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July. 24 th " 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Scott St. No. 104 |
| 5. *Full Name of Mother,* | Mary. Cronester |
| 6. *Mother's Maiden Name,* | " Jones. |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Louis Cronester |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. C. Mitchell |
| *Address,* | No. 34 Schroder st. |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...O., CITY PRINTERS AND STATIONERS.

72806

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th " |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July, 24th " |
| 4. *Place of Birth, (Street and Number)* | Baltimore Dawson st. No. 35 |
| 5. *Full Name of Mother,* | Elzibeth Myers. |
| 6. *Mother's Maiden Name,* | " Hudson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charley Myers. |
| 9. *Father's Occupation,* | Carpetter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs. C. Mitchell |
| *Address,* | No. 54 Schroder st. |
| *Remarks,* | |

certificate, between the first and third days of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

O., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 1-16-50 CERTIFICATE CORRECTED 1-16-50

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Margaret Elizabeth Ament

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14th ~~25th~~ 1884
4. *Place of Birth, (Street and Number)* Baltimore Parkin St. No. 78
5. *Full Name of Mother,* Maggie Ament
6. *Mother's Maiden Name,* " Borman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Ament
9. *Father's Occupation,* Baker.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. C. Mitchell

*Address,* No. 54 Schroder St.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...O., CITY PRINTERS AND STATIONERS.

72808

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE. JUL 1884

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* July 26 1884
3. *Date of Birth*
4. *Place of Birth (Street and Number)* Fort & front of Jackson
5. *Full Name of Mother* Anna Kirkley
6. *Mother's Maiden Name* Reese
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward Thomas Kirkley
9. *Father's Occupation* Florest
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Elizabeth Jewell

*Address* 68 Fort Ave

*Remarks*

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72809
Evans

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name - Walther Louis ~~Peters~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 27 — 1884
4. Place of Birth, (Street and Number) No. 448 Light st.
5. Full Name of Mother, Cathern Peters
6. Mother's Maiden Name, Real
7. Mother's Birthplace, America
8. Full Name of Father, Cristian Peters
9. Father's Occupation, Laborer
10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return J. Schwasser midwife

Address, 330 Hanover st.

Remarks,

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT BALTIMORE JUL 1884

TY PRINTERS AND STATIONERS.

72810

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1ter Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, July the 27. 1884
4. Place of Birth, (Street and Number) N. Castle St. No. 157.
5. Full Name of Mother, Jeanette Koenig
6. Mother's Maiden Name, Jeanette Kraemer
7. Mother's Birthplace, Coburg, Fürst Coburg, Germany
8. Full Name of Father, Emil Koenig
9. Father's Occupation, Butcher
10. Father's Birthplace, Beinschard, Herz S. Meiningen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dolla[illegible] each offence, to be recovered as other fines and pen[illegible] are recoverable.

CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 3-6-56

# RETURN OF A BIRTH,

72811

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

George Vincent Freaner

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 27/84.
4. *Place of Birth, (Street and Number)* 640 Lexington St.
5. *Full Name of Mother* Carrie V. Freaner
6. *Mother's Maiden Name* Breill
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Wm L. Freaner
9. *Father's Occupation* Book-Keeper
10. *Father's Birthplace* Frederick Md.

*Name of Medical Attendant,* or other Person who makes this Return. H. R. Fetterhoff M. D.

*Address* 205 W. Biddle St.

*Remarks*

...condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

72812

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2 D

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* July 27/84
4. *Place of Birth, (Street and Number)* 5 Chanat Alley
5. *Full Name of Mother,* Eliza Stanton
6. *Mother's Maiden Name,* Eliza Brown
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* James W Stanton
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return. Mary for X Chase

*Address,* 11 Mandel's Court

*Remarks,*

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. ... birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...Murphy & Co., City Printers and Stationers.

72813

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 27 1884
4. *Place of Birth, (Street and Number)* West Hoffman 310
5. *Full Name of Mother,* Amanda [redacted] Peck
6. *Mother's Maiden Name,* Amanda Dickson
7. *Mother's Birthplace,* South Carolina
8. *Full Name of Father,* Alfred Peck
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return. John T Spicknall

*Address,*

*Remarks,*

parents, the date and place of birth, and the sex, and every month to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered [illegible] other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72814

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE.

of the parents, and the maiden name of the mother of such child or children."

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27th of July
4. Place of Birth, (Street and Number) 37 S Paca Street
5. Full Name of Mother, Barbara Moog
6. Mother's Maiden Name, Barbara Meeter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Augusta ~~John~~ F. Moog
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr F Reinhard

Address, 205 N. Lombard St

Remarks,

C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7285

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Brown complexion
3. Date of Birth, July 28th 1884
4. Place of Birth, (Street and Number) 19 Lexington St
5. Full Name of Mother. Caroline Mussy
6. Mother's Maiden Name,
7. Mother's Birthplace, Hampton Va
8. Full Name of Father, Joseph Mussy
9. Father's Occupation, Waiter
10. Father's Birthplace, Centreville Md

Name of Medical Attendant, or other Person who makes this Return Ameail Johnson

Address, No 6 Hamilton St Baltimore City

Remarks.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

72816

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ninth

1. *Sex (state whether ~~male or~~ female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 M. A. M. 28th July, 1884.
4. *Place of Birth (Street and Number)* 371 Division St, Baltimore, Maryland.
5. *Full Name of Mother* Mary Isabella Moore
6. *Mother's Maiden Name* Mary Isabella Hasson
7. *Mother's Birthplace* Baltimore, Maryland.
8. *Full Name of Father* Gustavus John Moore
9. *Father's Occupation* Brick Mason
10. *Father's Birthplace* Savannah, Georgia

*Name of Medical Attendant,* or other Person who makes this Return. Wm. I. Worth M. D.

*Address* 236 N. Howard St

*Remarks*

thereafter, stating distinctly the date of birth, sex, and color of the child of [illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7281

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | July 7 8m PM |
| 4. *Place of Birth, (Street and Number)* | 165 King St |
| 5. *Full Name of Mother,* | Bettie Thornton |
| 6. *Mother's Maiden Name,* | " Parlow |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Isaac Thornton |
| 9. *Father's Occupation,* | Sailor |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other Person who makes this Return* | H Nelson MD |
| *Address,* | Balto City |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

WM. C. DULANY & CO., CITY PRINTERS AND STATIONERS

72818

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 July
4. Place of Birth, (Street and Number) No 158 Chester
5. Full Name of Mother, Georgeanna Pitchhart Branfleck
6. Mother's Maiden Name, Pitchhart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, A. Branfleck
9. Father's Occupation, Araber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Schulte

Address, No 246 E. Chew St.

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the room of the certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [redacted] required, except in the cases of the births and deaths of legitimate children, and within the period above [redacted] shall hereafter fail to comply with the provisions of this section shall be subject any person or persons to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[redacted] & CO., CITY PRINTERS AND STATIONERS.

72819

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 28th 1884.
4. *Place of Birth, (Street and Number)* 8 N. Pine
5. *Full Name of Mother,* Annie V. Korn
6. *Mother's Maiden Name,* Clements
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Chas. A. Korn
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto. City

*Name of Medical Attendant,* or other Person who makes this Return J. H. CHRISTIAN, M. D.

*Address,*

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]uired, except in the cases of the births and deaths of [illegible]egitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible] are recoverable.

CO., CITY PRINTERS AND STATIONERS.

72820

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 28/84
4. Place of Birth, (Street and Number) 550 Cross St
5. Full Name of Mother, Bessie Dorsey
6. Mother's Maiden Name, " Kiel
7. Mother's Birthplace, Md
8. Full Name of Father, Michael J Dorsey
9. Father's Occupation, Carter
10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return Jno D Blake Md

Address,

Remarks,

Place of its birth, and the sale, sensible shall be delivered, every month to the Board of Health. In case the certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

72821

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 5th 1884
4. *Place of Birth, (Street and Number)* 160 Biddle St
5. *Full Name of Mother,* Mary B Stevenson
6. *Mother's Maiden Name,* Mary B Snyder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* G. E. Stevenson
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* ~~Baltimore~~ Pa.

*Name of Medical Attendant,* or other Person who makes this Return. G H Miltenberger

*Address,* 121 Wilkinson Street

*Remarks,*

...urphy & Co., City Printers and Stationers.

72812

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | 10th of June. |
| 4. *Place of Birth, (Street and Number)* | Baltimore 71 North Poppleton St. |
| 5. *Full Name of Mother,* | Lula Augusta Lewis. |
| 6. *Mother's Maiden Name,* | Lula Augusta Schultz. |
| 7. *Mother's Birthplace,* | Europe. |
| 8. *Full Name of Father,* | Charles Peter Lewis. |
| 9. *Father's Occupation,* | Black-smith. |
| 10. *Father's Birthplace,* | Baltimore. |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Dambler. |
| *Address,* | 60 North Schroeder St |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NO., CITY PRINTERS AND STATIONERS.

72823

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 June
4. *Place of Birth, (Street and Number)* 25 Fredrick Road Baltimore Md
5. *Full Name of Mother,* Theresia Kettler
6. *Mother's Maiden Name,* Theresia Theis
7. *Mother's Birthplace,* Gladbach near Neuwit Germany
8. *Full Name of Father,* Henri Kettler
9. *Father's Occupation,* Fresco Painter
10. *Father's Birthplace,* Medebach Kreis Brilon Germany

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mas Annie Dumla.

*Remarks,* 60 North Schroeder. St.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period abo[illegible] quired, except in the cases of the births and deaths [illegible] illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions [illegible] section shall be subject to a fine of ten dolla[illegible] each offence, to be recovered as other fines and pen[illegible] are recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

72824

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [illegible] 21st 1884
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address,* [illegible]

*Remarks,*

[illegible] certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

72825

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 24th 1884
4. *Place of Birth, (Street and Number)* Carrollton Hotel
5. *Full Name of Mother,* Fannie Lanahan
6. *Mother's Maiden Name,* Fannie Reeder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Saml. J. Lanahan
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. E. McMillan Cooper

*Address,* 121 W. Monument St.

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be sub[illegible] to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

72826

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 25th 1884
4. *Place of Birth, (Street and Number)* 91 Lanvale St
5. *Full Name of Mother,* Virginia Oliver
6. *Mother's Maiden Name,* Virginia Read
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* C. K. Oliver
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. J. W. Millenberger

*Address,* 12 W Monument St

*Remarks,*

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE.

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be sub[illegible] to the fine of ten (10) dollars for each offence to be re[illegible] as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72827

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | June 26th 1884 |
| 4. *Place of Birth, (Street and Number)* | 21 So monument st |
| 5. *Full Name of Mother,* | Annie Burley |
| 6. *Mother's Maiden Name,* | Annie Adams |
| 7. *Mother's Birthplace,* | Balto md |
| 8. *Full Name of Father,* | Edward Burley |
| 9. *Father's Occupation,* | Waiter |
| 10. *Father's Birthplace,* | Balto md |
| *Name of Medical Attendant,* or other Person who makes this Return | Hester Bolance |
| *Address,* | 39 So monument Street |
| *Remarks,* | |

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

72828

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 29 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 28th June 1884
4. *Place of Birth, (Street and Number)* 202 Montgomery
5. *Full Name of Mother,* Rose Jory
6. *Mother's Maiden Name,* " Scarboro
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John Jory
9. *Father's Occupation,* Car Conduction
10. *Father's Birthplace,* Balt

*Name of Medical Attendant,* or other Person who makes this Return. J H W Webster

*Address,* 57 Barren

*Remarks,*

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here... all to comply with the provisions of this section, shall be subj... to the fine of ten (10) dollars for each offence to be rec... as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72829

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28th 1884
4. *Place of Birth, (Street and Number)* 319 Madison Ave
5. *Full Name of Mother,* Alice ~~Placide~~ Wilmer
6. *Mother's Maiden Name,* Alice Placide
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ed. A. Wilmer
9. *Father's Occupation,* Instructor
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other Person who makes this Return. G. W. Mittenhagen

*Address,* 121 W. Monument St

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herea[illegible] to comply with the provisions of this section, shall be subje[illegible] to the fine of ten (10) dollars for each offence to be reco[illegible] as other fines and forfeitures are recoverable.

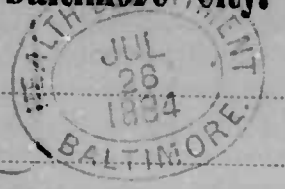
...rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72830

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 26 1884 BALTIMORE



*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29th 1884
4. *Place of Birth, (Street and Number)* 109 Park Av
5. *Full Name of Mother,* Frances ~~Hay~~ Semmes
6. *Mother's Maiden Name,* Frances, Hayward
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John E. Semmes
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other Person who makes this Return. R. W. Kittenberger

*Address,* 121 W. Monument St

*Remarks,*

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...urphy & Co., City Printers and Stationers.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

72831

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 28 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* [illegible] 30th 1884
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation,* [illegible]
10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other Person who makes this Return. [illegible]

*Address,* [illegible]

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recoverable as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

72832

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 30th of June
4. *Place of Birth, (Street and Number)* China St 56
5. *Full Name of Mother,* Mary E Boyer
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Alexandria Va
8. *Full Name of Father,* Henry Boyer
9. *Father's Occupation,* tinner
10. *Father's Birthplace,* Kent County Md

*Name of Medical Attendant,* or other Person who makes this Return A Wilson

*Address,* Howard St ~~314~~ 314.

*Remarks,*

place of its birth, and the first and third day of each and every month to the Board of Health. In case the certificate, between the first and third day of each and every month to the Board of Health, in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72833

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 30th of June

4. Place of Birth, (Street and Number) McGunder Al no 80

5. Full Name of Mother, Francies Thomas

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Balto

8. Full Name of Father, Alexander Thomas

9. Father's Occupation, Single

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return A Wilson

Address, Harvard St 314

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7 2834

*he Office of Registrar of Vital Statistics, Board of Health:*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE.

*of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

*whether male or female)* Male

*olor (if not of the white race)* White

*irth* 18th July

*Birth (Street and Number)* Baltimore No. 30. S. Norris st

*e of Mother* Ella, Elsworth, Daugherty

*Maiden Name* " " Mc Kelvy

*Birthplace* Baltimore

*e of Father* William, Henry, Daugherty

*Occupation* Car. Record Clerk

*Birthplace* Baltimore

*Medical Attendant,* or other Person who makes this Return. Mrs. R. Cholmer

674 West Pratt st

72835

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18th
4. Place of Birth, (Street and Number) ~~Ha~~ 354 Dallas St
5. Full Name of Mother, Mary Ania Plantholt
6. Mother's Maiden Name, Mary Ania Buechner
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Plantholt
9. Father's Occupation, ——
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs Julia Groom

Address, 466 North Gay St

Remarks, Baltimore

place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the case the certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]red, except in the cases of the births and deaths of [illegible]itimate children, and any person or persons w[illegible]all hereafter fail to comply with the provisions of th[illegible]ction shall be subject to a line of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72836

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 & 9

1. *Sex, (state whether male or female)* Twin Boys
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 23a 1884
4. *Place of Birth, (Street and Number)* 86 Aisquith St
5. *Full Name of Mother,* Margaret Knighton
6. *Mother's Maiden Name,* Penty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John J Knighton
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Wm H Wiffenderffer

*Address,* 140 Bolton St

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

72837

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th
4. *Place of Birth, (Street and Number)* 33 Lemon st
5. *Full Name of Mother,* Laura Ridgeway
6. *Mother's Maiden Name,* L. Bartee
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Ridgeway
9. *Father's Occupation,* Brick Moulder
10. *Father's Birthplace,* Philadelphia Penn

*Name of Medical Attendant,* or other Person who makes this Return H. J. Loman

*Address,* 36 Frederick Ave

*Remarks,* Very delicat dont think it will live lying in spasms now

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above r[illegible]red, except in the cases of the births and deaths of [illegible]itimate children, and any person or persons wh[illegible]ll hereafter fail to comply with the provisions of th[illegible]tion shall be subject to a fine of ten dollars fo[illegible]h offence, to be recovered as other fines and penalties [illegible] recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

72538

HEALTH DEPT. JUL 21 1934 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | colored |
| 3. *Date of Birth,* | July 25 th |
| 4. *Place of Birth, (Street and Number)* | 240 eutaw St |
| 5. *Full Name of Mother,* | mary golden |
| 6. *Mother's Maiden Name,* | upsher |
| 7. *Mother's Birthplace,* | acamack va |
| 8. *Full Name of Father,* | columbus golden |
| 9. *Father's Occupation,* | drayman |
| 10. *Father's Birthplace,* | north thumblun county |
| *Name of Medical Attendant,* or other Person who makes this Return | mrs Lydia Potter |
| *Address,* | no 4 patapsco avenue |
| *Remarks,* | healthy child |

Place of birth, and the [illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

72839

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th of July 1884.

4. Place of Birth, (Street and Number) 35 East Orleans Street

5. Full Name of Mother, Katie Kelly

6. Mother's Maiden Name, Katie Keihm

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Keihm

9. Father's Occupation, Laborman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Christian Kunkel

Address, North Chapel Street for Justice Kunkel

Remarks, Healthy.

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

72840

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 30 1894 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 birth |
| 1. *Sex, (state whether male or female)* | femal |
| 2. *Race or Color, (if not of the white race)* | whit |
| 3. *Date of Birth,* | 29 Juli |
| 4. *Place of Birth, (Street and Number)* | Capelstreet No ~~xxx~~ 5 |
| 5. *Full Name of Mother,* | Barbare Forster |
| 6. *Mother's Maiden Name,* | " " Fuchtner |
| 7. *Mother's Birthplace,* | Baltimor |
| 8. *Full Name of Father,* | Gelin Forster |
| 9. *Father's Occupation,* | Schumacher |
| 10. *Father's Birthplace,* | Baltimor |
| *Name of Medical Attendant,* or other Person who makes this Return | Dris Maurer |
| *Address,* | |
| *Remarks,* | Lombard Strat No 238 |

place of its birth, and the name and residence of each and every month to the Board of Health. In case the certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each such offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

72841

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21 th 1884
4. Place of Birth, (Street and Number) 22 Burke St
5. Full Name of Mother, Fredrica Dessinger
6. Mother's Maiden Name, Heckman
7. Mother's Birthplace, Hagerstown
8. Full Name of Father, George Dessinger
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park ave

Remarks,

any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12542

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 24

4. Place of Birth, (Street and Number) Bradford Alley No 42

5. Full Name of Mother, Margy Burns

6. Mother's Maiden Name, Margy Kirby

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Burns

9. Father's Occupation, Bar keeper

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park av

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [redacted] of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [redacted] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[redacted] CITY PRINTERS AND STATIONERS.

7284 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 27 1884

4. Place of Birth, (Street and Number) Bradford Ave 17

5. Full Name of Mother, Agustina Baer

6. Mother's Maiden Name, Baer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Baer

9. Father's Occupation, Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park ave

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] & Co., CITY PRINTERS AND STATIONERS.

12544

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 31 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21th 1894
4. Place of Birth, (Street and Number) 200 Bank st
5. Full Name of Mother, Alice Neal
6. Mother's Maiden Name, Murphey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Neal
9. Father's Occupation, Watterman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. 1c 12 Patterson Park ave

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [redacted] shall then become the duty of the parent or [redacted] of such child to report its birth to the Board of Health. In the manner, and within the period above [redacted] any person or persons [redacted] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[redacted] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

7284 S

HEALTH DEPARTMENT JUL 31 1894 BALTIMORE.

Name: Edwin J. Le ~~Brun~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28th 1894
4. Place of Birth, (Street and Number) 1 Canton
5. Full Name of Mother, Lottie (~~La Brun~~) Le Brun
6. Mother's Maiden Name, Gear
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John (~~La Brun~~) Le Brun
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park ave

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7284

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th July 1884

4. Place of Birth, (Street and Number) 940 Alice Ann St

5. Full Name of Mother, Mary V. E. Buchanan

6. Mother's Maiden Name, Mary V. E. Draper

7. Mother's Birthplace, 938 Alice Ann St Baltimore

8. Full Name of Father, William Ve. Buchanan

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore Alice Ann St

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address, No 12 Patterson Park Ave

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

12847

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 29 of July 1884

4. Place of Birth, (Street and Number) 18 Port Street

5. Full Name of Mother, Kate Cook.

6. Mother's Maiden Name, Mauler

7. Mother's Birthplace, baltimore

8. Full Name of Father, George. Cook

9. Father's Occupation, Laborer

10. Father's Birthplace, baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Wiley

Address. No 12 Patterson Park ave

Remarks.

---

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible] within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

GEO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7258

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* ..... Female -
2. *Race or Color, (if not of the white race)* ..... Colored.
3. *Date of Birth,* ..... July 29, 1884.
4. *Place of Birth, (Street and Number)* ..... 20 Morris al.
5. *Full Name of Mother,* ..... Susan Fredricks
6. *Mother's Maiden Name,* ..... " Barber-
7. *Mother's Birthplace,* ..... Richmond. Va.
8. *Full Name of Father,* ..... James Fredricks
9. *Father's Occupation,* ..... Lab.
10. *Father's Birthplace,* ..... Ford. Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return ..... O. Edw. Janney

*Address,* ..... 2123 W Eutaw St.

*Remarks,* .....

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 72849

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 29th 1884
4. *Place of Birth, (Street and Number)* 175 Argyle Ave City
5. *Full Name of Mother* Martha Holden
6. *Mother's Maiden Name* Martha Pentz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fanl. L. Holden
9. *Father's Occupation* Ins. Agent
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. James A. Fichtig M.D.

*Address* 182 Saratoga St

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the ... name of the mother of such child or children.

# RETURN OF A BIRTH 72850

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT JUL 30 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 29 1884 |
| 4. *Place of Birth, (Street and Number)* | 15 Balto |
| 5. *Full Name of Mother,* | Gertie Weston |
| 6. *Mother's Maiden Name,* | — " — |
| 7. *Mother's Birthplace,* | Carlisle Pa |
| 8. *Full Name of Father,* | Wm Cooper Elmar |
| 9. *Father's Occupation,* | Driver |
| 10. *Father's Birthplace.* | Balto |
| *Name of Medical Attendant,* or other Person who makes this Return | D. Sheets MD |
| *Address,* | 143 N. Exeter St. |
| *Remarks,* | L. S. L. a. |
| | both doing well |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

12851

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, householder thereafter, it shall then become the duty of the parent or [illegible] within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPT. BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 7. 1894

4. Place of Birth, (Street and Number) 351. E. Fayette St.

5. Full Name of Mother, Anna Kocí

6. Mother's Maiden Name, " Kilic

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Kocí

9. Father's Occupation, Labor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Kondrad

Address, No 20 Baird St

Remarks,

[illegible], CITY PRINTERS AND STATIONERS.

72852

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9. 1884.
4. Place of Birth, (Street and Number) 347. Eager Ste
5. Full Name of Mother, Ester Losmann
6. Mother's Maiden Name, " Robinson
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, George Losmann
9. Father's Occupation, Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20 Barnes Ste

Remarks, —

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

...O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

72853

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT BALTIMORE AUG 4 1884

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Third

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* July 9 1884
4. *Place of Birth* (Street and Number) Friendship, Balto Co.
5. *Full Name of Mother* Jane Gray
6. *Mother's Maiden Name* Jane Wilmore
7. *Mother's Birthplace* Harford Co, Md.
8. *Full Name of Father* Wade C. Gray
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Co

*Name of Medical Attendant*, or other Person who makes this Return. Aug. A. Clewell M D

*Address* 534 Harford ave

*Remarks*

72854

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 10 1884
4. Place of Birth, (Street and Number) 180 N Washington St
5. Full Name of Mother, Maggie E Ratenfield
6. Mother's Maiden Name, Desenroth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Ratenfield
9. Father's Occupation, Mariner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 Mt Donogh St

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible]nts of such child to report its birth to the Board of [illegible]lth, in the manner, and within the period abov[illegible]uired, except in the cases of the births and deaths [illegible]egitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] & CO., CITY PRINTERS AND STATIONERS.

72855

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 11 1884
4. Place of Birth, (Street and Number) 37 Williman St
5. Full Name of Mother, Ida V Gettier
6. Mother's Maiden Name, Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. P Gettier
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Albrill

Address, 286 McDonough st

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible]nts of such child to report its birth to the Board of [illegible]ith, in the manner, and within the period abo[illegible]ulred, except in the cases of the births and deaths [illegible]egitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

72856

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1888 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13- 1884.
4. Place of Birth, (Street and Number) 341. Eager Str
5. Full Name of Mother, Anna Mühler
6. Mother's Maiden Name, " Lotz
7. Mother's Birthplace, Pensiwanie
8. Full Name of Father, George Mühler
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20. Barnes Str

Remarks,

[illegible] of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

72857

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 13, 1884.

4. Place of Birth, (Street and Number) 312 S Broadway

5. Full Name of Mother, Elizabeth J. Kinsley

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Kinsley

9. Father's Occupation, Book keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Josephine Konrad

Address, No 20 Barnes St

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [redacted] within the period aforesaid, except in the cases of the births and deaths of illegitimate children, and any person or persons [redacted] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

72858

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2d)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14. – 1884
4. Place of Birth, (Street and Number) No 14. Barnes Str
5. Full Name of Mother, Marie Zeman
6. Mother's Maiden Name, " Stupka
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Stupka
9. Father's Occupation, Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20. Barnes Str

Remarks, — — — — — — —

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

72859

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. July 15 1884.
4. Place of Birth, (Street and Number) 227 N. Durham St.
5. Full Name of Mother, Katharina Buchta
6. Mother's Maiden Name, " Ficha
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Buchta
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20. Barnes St.

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or p[illegible]s of such child to report its birth to the Board of [illegible]h, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]ltimate children, and any person or persons w[illegible]hall hereafter fail to comply with the provisions of th[illegible]ection shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

72860

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th
4. Place of Birth, (Street and Number) 150 Barre st
5. Full Name of Mother, Annie Mayer
6. Mother's Maiden Name, " Magengast
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Mayer
9. Father's Occupation, Police
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return A. L. Buddenbohn M.D.

Address, 166 S. Pacast.

Remarks,

[illegible] on its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

72867

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each such offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 17/1884

4. Place of Birth, (Street and Number) 9 St Ave. Fayette and Chester

5. Full Name of Mother, Ella Foxcroft

6. Mother's Maiden Name, Ella Cracken

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jno. Foxcroft

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 Mt Donagh St

Remarks,

HEALTH DEPARTMENT BALTIMORE

CITY PRINTERS AND STATIONERS.

72862

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 18 July
4. Place of Birth, (Street and Number) 16 Dang
5. Full Name of Mother, Celia Nelson
6. Mother's Maiden Name, Gromans
7. Mother's Birthplace, Ireland
8. Full Name of Father, Henry Nelson
9. Father's Occupation, Resturant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 92. E. Lombard

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars ... such offence, to be recovered as other fines and penal... be recoverable.

...TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

12863

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE AUG 1 1884

of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 18th 1884 |
| 4. *Place of Birth, (Street and Number)* | 16 S. Stricker |
| 5. *Full Name of Mother,* | Mrs. Agnes. Wilson |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Norfolk Va |
| 8. *Full Name of Father,* | Walter Lawrence |
| 9. *Father's Occupation,* | Physician |
| 10. *Father's Birthplace,* | Centreville Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | T. Chew. Worthington M D |
| *Address,* | No. 373 W. Fayette St. |
| *Remarks,* | |

FIST, PRINTER & STATIONER, BALT.

72864

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 13

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19 July
4. *Place of Birth, (Street and Number)* 150 Granberry
5. *Full Name of Mother,* Katie Medy
6. *Mother's Maiden Name,* Donling
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Medy
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

O., CITY PRINTERS AND STATIONERS.

72865

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19 July
4. *Place of Birth, (Street and Number)* 39 Pratt
5. *Full Name of Mother,* Julia Schreber
6. *Mother's Maiden Name,* Baddy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Schreber
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 12. E. Lombard

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

72866

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19 - 1884.
4. Place of Birth, (Street and Number) 449. Eager St.
5. Full Name of Mother, Anthonye Lewy
6. Mother's Maiden Name, 4 Hranac
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Wenzel Lewy
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20. Barnes Ste

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7 2867

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* July 20 1884
4. *Place of Birth* (Street and Number) 394 Harford ave.
5. *Full Name of Mother* Celia Brown
6. *Mother's Maiden Name* Celia Willey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles F. Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

*Name of Medical Attendant*, or other Person who makes this Return. Chas. C. Clowell M.D.

*Address* 439 Harford ave.

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or childr

72568

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 21 1884
4. Place of Birth, (Street and Number) 178 N Bond St
5. Full Name of Mother, Mary Bartholemey
6. Mother's Maiden Name, Gavity
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michel Bartholomey
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 2[illegible] Mt Donogh st

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]egitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

92869

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21. 1884
4. *Place of Birth, (Street and Number)* 229 N. Dallas St.
5. *Full Name of Mother,* Barbora Panuska
6. *Mother's Maiden Name,* " Wanecek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Panuska
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Josephina Konrad

*Address,* No 20. Barnes St.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72870

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 21 '84 |
| 4. *Place of Birth, (Street and Number)* | 93 N Ann St |
| 5. *Full Name of Mother,* | Sarah E Boyle |
| 6. *Mother's Maiden Name,* | Geipe |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Wm E Boyle |
| 9. *Father's Occupation,* | Cane worker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary A Allwell |
| *Address,* | 286 N Donogh st |
| *Remarks,* | |

HEALTH DEPARTMENT BALTIMORE

... CITY PRINTERS AND STATIONERS.

72871

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 July 1884
4. *Place of Birth, (Street and Number)* 203 S. Bond St
5. *Full Name of Mother,* Mary Pilaj
6. *Mother's Maiden Name,* Mary Mateja
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Pilaj
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptist

*Address,* 169 S Washington St

*Remarks,* Mary Koptist

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

7289/2

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 July 1884
4. Place of Birth, (Street and Number) 115 S. Register St.
5. Full Name of Mother, Leopoldina Winterling
6. Mother's Maiden Name, Leopoldina Winterling
7. Mother's Birthplace, Germany
8. Full Name of Father, George Geller
9. Father's Occupation, Shoemaker
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Mary Kohtsch

Address, 169 N. Washington St

Remarks, Mary Kohtsch

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of Illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

72873

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 June 1884
4. *Place of Birth, (Street and Number)* 10 Abbot St
5. *Full Name of Mother,* Mary Maha
6. *Mother's Maiden Name,* Mary Ribak
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Ribak
9. *Father's Occupation,* Laboror
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Mary Koptish

*Address,* 169 N. Washington St

*Remarks,* Mary Koptish

[illegible] between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

72874

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 July 1884
4. Place of Birth, (Street and Number) 220 N. Washington St
5. Full Name of Mother, Sophie Benesh
6. Mother's Maiden Name, Sophie Klima
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Benesh
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kotitsch

Address, 169 N. Washington St

Remarks, Mary Kotitsch

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, in case he should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7285

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 July 1884
4. Place of Birth, (Street and Number) 169 N Washington st.
5. Full Name of Mother, Anna Slivka
6. Mother's Maiden Name, ~~Anna~~ Hadova
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Slivka
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Koptist

Address, 169 N. Washington St

Remarks, Mary Koptist

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

7287

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 July 1884
4. Place of Birth, (Street and Number) 196 Lancaster St.
5. Full Name of Mother, Antonia Lemorak
6. Mother's Maiden Name, Antonia Mekerdia
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Lemorak
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Lohtish

Address, 164 N. Washington St

Remarks, Mary Kohtist

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72877

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* July 18th 1884
4. *Place of Birth, (Street and Number)* 12 Forster Alley
5. *Full Name of Mother,* Katie Savoy
6. *Mother's Maiden Name,* Katie Clark
7. *Mother's Birthplace,* St Mays Co Md
8. *Full Name of Father,* W. T. Savoy
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Wallis (her mark)

*Address,* 113 Rabary St

*Remarks,*

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recov[illegible]s other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

7228/78

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 9 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 July 1884
4. Place of Birth, (Street and Number) 110 Ann St.
5. Full Name of Mother, Sophia Komenda
6. Mother's Maiden Name, Sophia Branek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Komenda
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Mary Kohtiet

Address, 169 N. Washington St

Remarks, Mary Kohtiet

, CITY PRINTERS AND STATIONERS.

72879

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Female (1st)

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* July 22 1884.
4. *Place of Birth* (Street and Number) Res. 534 Harford ave
5. *Full Name of Mother* Mary Eliza Lyn.
6. *Mother's Maiden Name* Mary Eliza Hayhart.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Samuel Lyn.
9. *Father's Occupation* Picket Plater.
10. *Father's Birthplace* Baltimore.

*Name of Medical Attendant*, or other Person who makes this Return. Aug. R. Elewell M.D.

*Address* 559 Harford avenue

*Remarks*

77540

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT. AUG 2 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 3d

1. Sex, (state whether male or female) Females

2. Race or Color, (if not of the white race)

3. Date of Birth, July 2d 1884

4. Place of Birth, (Street and Number) 1407 L. Alice anna st

5. Full Name of Mother, Eva Hergel

6. Mother's Maiden Name, " Beyer

7. Mother's Birthplace, City

8. Full Name of Father, John A Hergel

9. Father's Occupation, Labor

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank st

Remarks, Twins

---

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who hereafter fail to comply with the provisions of this [illegible] shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ING., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 2d 1884 |
| 4. *Place of Birth, (Street and Number)* | No 190 S Ann st |
| 5. *Full Name of Mother,* | Dora Hurst |
| 6. *Mother's Maiden Name,* | Abrams |
| 7. *Mother's Birthplace,* | City |
| 8. *Full Name of Father,* | Polus Hurst |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | City |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Elizabeth Bldg |
| *Address,* | 120 Bank Str. |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above re[illegible] hereafter fail to comply with the provisions of this [illegible] any person or persons wh[illegible] to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

72882

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 2d 1884
4. *Place of Birth, (Street and Number)* 124 N Eutaw
5. *Full Name of Mother,* Elmira Reinke
6. *Mother's Maiden Name,* " Seymour
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm F Reinke
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* On "old ocean"

*Name of Medical Attendant,* or other Person who makes this Return C Lane Tanneyhill

*Address,* 219 Madison ave

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

72883

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd of July
4. Place of Birth, (Street and Number) Baltimore 86 Hanover st
5. Full Name of Mother, Helen Swope
6. Mother's Maiden Name, Helen Kraemer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lewis Swope
9. Father's Occupation, Stove Moulder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Munch

Address, 1 Lowdenfall st ~~1 Bartlett Mun~~

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above re[illegible]d, except in the cases of the births and deaths of ill[illegible]mate children, and any person or persons who [illegible] hereafter fail to comply with the provisions of this [illegible]on shall be subject to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties [illegible]ecoverable.

[illegible], CITY PRINTERS AND STATIONERS.

72884

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th July
4. *Place of Birth, (Street and Number)* No 6 Stockholm st
5. *Full Name of Mother,* Maggie Watson
6. *Mother's Maiden Name,* Lotz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred G Watson
9. *Father's Occupation,* Teamster
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Munch

*Address,* 1 Sweadenhall st

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who [illegible] hereafter fail to comply with the provisions of this [illegible] shall be subject to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

72885

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 6th 1884

4. Place of Birth, (Street and Number) 270 S. Bond st

5. Full Name of Mother, Lizzie Walpert

6. Mother's Maiden Name, " Kraus

7. Mother's Birthplace, City

8. Full Name of Father, Dolan Walpert

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank

Remarks,

(No. , CITY PRINTERS AND STATIONERS.

72886

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 6 1884
4. *Place of Birth, (Street and Number)* 111 S. Exeter St.
5. *Full Name of Mother,* Anni Hoyle
6. *Mother's Maiden Name,* Fitzpatrick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Hoyle
9. *Father's Occupation,* Pollice
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Stein

*Address,* 151 E Pratt St.

*Remarks,*

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recov[illegible] as other fines and forfeitures are recoverable.

[illegible]rshy & Co. City Printers and Stationers

72887

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
AUG 2 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 7th 1884

4. Place of Birth, (Street and Number) 144 S Spring st

5. Full Name of Mother, Charlotte Koerner

6. Mother's Maiden Name, " Loreno

7. Mother's Birthplace, City

8. Full Name of Father, Solon G Koerner

9. Father's Occupation, Moulder

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Fetz

Address, 120 Bank st.

Remarks,

...CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72888

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 8 1884 BALTIMORE

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th [redacted] 1884
4. Place of Birth, (Street and Number) 70 Stockholm St
5. Full Name of Mother, Johanna Tyler
6. Mother's Maiden Name, Johanna Leahy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel W Tyler
9. Father's Occupation, Junk dealer

[illegible] Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Seebeach

Address, 439 West Pratt st

Remarks,

[illegible] of the parents, and the maiden name of the mother of such child or children."

[illegible] CITY PRINTERS AND STATIONERS

72889

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recov[illegible] other fines and forfeitures are recoverable.

HEALTH DEPARTMENT AUG 8 1889 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 7 – 1889
4. *Place of Birth, (Street and Number)* 71 S. Spring St.
5. *Full Name of Mother,* Kate Byrne
6. *Mother's Maiden Name,* Donovan
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* George Byrne
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Irland

*Name of Medical Attendant,* or other Person who makes this Return. Mary Stein

*Address,* 151 E. Pratt St.

*Remarks,*

[illegible] & Co., City Printers and Stationers

72890

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th of July
4. Place of Birth, (Street and Number) 357 West St.
5. Full Name of Mother, Katherine Bahrje
6. Mother's Maiden Name, Katherine Meyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Diedrich Bahrje
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Munn

Address, 1 Leadenhall St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72891

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 8
4. *Place of Birth, (Street and Number)* Baltimore 266 Cross St
5. *Full Name of Mother,* Mary Pensel
6. *Mother's Maiden Name,* — Kunkel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Pensel
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Kathrin Munch

*Address,* 1 Leadenhall St

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this [illegible]on shall be subject to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 7-1892

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 BALTIMORE.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | July 8th 1884 |
| 4. *Place of Birth, (Street and Number)* | 15 E. Arlington av. |
| 5. *Full Name of Mother* | Emma P. Alexander |
| 6. *Mother's Maiden Name* | Watkins |
| 7. *Mother's Birthplace* | Md |
| 8. *Full Name of Father* | Nath E Alexander |
| 9. *Father's Occupation* | Gauger Inspector B. & O. |
| 10. *Father's Birthplace* | Md |
| *Name of Medical Attendant* or other Person who makes this Return. | R. C. Lee |
| *Address* | Hanover & Barnetts |
| *Remarks* | |

Condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

7289 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 8th
4. *Place of Birth, (Street and Number)* 56 Payson Ltr
5. *Full Name of Mother,* Kate Kassakatis
6. *Mother's Maiden Name,* " Horz
7. *Mother's Birthplace,* Alsfeld Germany
8. *Full Name of Father,* Hermann A. Kassakatis
9. *Father's Occupation,* Laacksmith
10. *Father's Birthplace,* Dorf. Schwetz Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Sleback

*Address,* 439 West Pratt st

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72894

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Eight (8th) day of July 1884
4. *Place of Birth, (Street and Number)* #775 W. Lombard St Balto Md.
5. *Full Name of Mother,* Mary Henry
6. *Mother's Maiden Name,* " Edelman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Saml. E. Henry
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace.* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Anna Lindner

*Address,* #45 Monroe St

*Remarks,*

...of the parents, and the maiden name of the mother of such child or children."

...TY PRINTERS AND STATIONERS

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

7289

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* July 8th 1884
4. *Place of Birth, (Street and Number)* Harrison st.
5. *Full Name of Mother,* Hannah Jacobs
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Isaac Jacobs
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other Person who makes this Return Wm. C. Feustein

*Address,* 113 E. Lombard st.

*Remarks,*

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

17896

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
AUG
1894
BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 1st

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* July 9th 1894
4. *Place of Birth,* (*Street and Number*) 37 S. McElderry st.
5. *Full Name of Mother,* Rebecka Goldstein
6. *Mother's Maiden Name,* Franklin
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Abraham Goldstein
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other Person who makes this Return Mrs C Bernstein

*Address,* 113 E Lombard st

*Remarks,*

CITY PRINTERS AND STATIONERS.

72897

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)* .....

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* July 10th
4. *Place of Birth, (Street and Number)* 88 Fort Avenue
5. *Full Name of Mother,* Annie Friese
6. *Mother's Maiden Name,* Annie Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Friese
9. *Father's Occupation,* Cabinetmaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Rosthein Munch

*Address,* 1 Lowdenhall St

*Remarks,* .....

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72898

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 10th 1884
4. Place of Birth, (Street and Number) Baltimore, 136 Hamburg Street
5. Full Name of Mother, Wilhelmina Westphal.
6. Mother's Maiden Name, Wilhelmina Gundermann.
7. Mother's Birthplace, Drambach Germany
8. Full Name of Father, August Westphal
9. Father's Occupation, Copperschmith
10. Father's Birthplace, Freinwalde Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Munch

Address, 1 Leadenhall St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above re[illegible]d, except in the cases of the births and deaths of il[illegible]imate children, and any person or persons wh[illegible] hereafter fail to comply with the provisions of this [illegible]on shall be subject to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

72899

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 10th 1884
4. *Place of Birth, (Street and Number)* 24 S High St
5. *Full Name of Mother,* Amelia Moses
6. *Mother's Maiden Name,* " Fried
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernhard Moses
9. *Father's Occupation,* Wholesale Clothier
10. *Father's Birthplace,* Hessian Darmstadt Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Edward R McDevitt

*Address,* 54 Aisquith St

*Remarks,*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

72900

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 10 – 1884
4. *Place of Birth, (Street and Number)* 123. S. Spring St.
5. *Full Name of Mother,* Christina Bunker
6. *Mother's Maiden Name,* Schuhmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bunker
9. *Father's Occupation,* Shoe-Maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Stein

*Address,* 151 E. Pratt St

*Remarks,*

HEALTH DEPARTMENT AUG 1884 BALTIMORE

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...y & Co. City Printers and Stationers

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

77901

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 18th 1884
4. *Place of Birth, (Street and Number)* 108 Low st.
5. *Full Name of Mother,* Clara Schwarz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Davis Schwarz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

*Name of Medical Attendant,* or other Person who makes this Return Mrs L Bernstein

*Address,* 132 E. Lombard st.

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72902

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 11th; 1:30. P.M.
4. Place of Birth, (Street and Number) No. 106 Lee Street.
5. Full Name of Mother, Mary Alderdice
6. Mother's Maiden Name, Hauer
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Eugene Alderdice
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other Person who makes this Return. Dr. E. V. Alderdice

Address, N. E. Cor. Columbia Ave & Fremont Pr

Remarks, Child in good physical Condition, & living

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

...e in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered ... other fines and forfeitures are recoverable.

...y & Co. City Printers and Stationers

# RETURN OF A BIRTH, 7290 3

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th child

1. *Sex (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* July 11th 1854
4. *Place of Birth, (Street and Number)* N° 566 W Baltimore st
5. *Full Name of Mother* Virginia Henderson
6. *Mother's Maiden Name* Virg.a Jordan
7. *Mother's Birthplace* Balto md
8. *Full Name of Father* Benj L Henderson
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto Md
11. *Name of Medical Attendant, or other Person who makes this Return.* J H Putnam M D
12. *Address* 23 Franklin st
13. *Remarks*

name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

17904

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG
1904
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 1854
4. Place of Birth, (Street and Number) 154 Low st.
5. Full Name of Mother, Rosel Schwarz
6. Mother's Maiden Name,
7. Mother's Birthplace, Poland
8. Full Name of Father, Benjamin Schwarz
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 113 E. Lombard St.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten do[llars] for each offence, to be recovered as other fines and p[enalties] are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72905

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 8 1902 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9 head

1. *Sex, (state whether male or female)* Mrs Elizabeth Tolbot Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* July 12
4. *Place of Birth, (Street and Number)* 10 temple street
5. *Full Name of Mother,* Mrs Elizabeth Jackson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Jackson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Kentuckey Mesuria

*Name of Medical Attendant,* or other Person who makes this Return. Harriet Jackson

*Address,* 5 forrest street

*Remarks,*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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72906

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 12th 1884
4. *Place of Birth, (Street and Number)* No 11 Market Space
5. *Full Name of Mother,* Anna Starklauf
6. *Mother's Maiden Name,* " Ulrich
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Starklauf
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Elizabeth Betz

*Address,* 120 Bank St

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties recoverable.

CITY PRINTERS AND STATIONERS.

77907

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 12th 1884
4. Place of Birth, (Street and Number) 176 Bank str
5. Full Name of Mother, Lizzie Mills
6. Mother's Maiden Name, Lautenberger
7. Mother's Birthplace, City
8. Full Name of Father, Malakei Mills
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Eastern Shore M.D.

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank str

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]red, except in the cases of the births and deaths of illegitimate children, and any person or persons w[illegible]all hereafter fail to comply with the provisions of th[illegible]tion shall be subject to a fine of ten dollars f[illegible]ch offence, to be recovered as other fines and penalti[illegible] recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

72908

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 13th 1884
4. *Place of Birth, (Street and Number)* 12 Griffins Court
5. *Full Name of Mother,* Christina Elvers
6. *Mother's Maiden Name,* " Dorweis
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Elvers
9. *Father's Occupation,* Basket maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabeth Betz

*Address,* 120 Bank st

*Remarks,*

...birth or any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

# RETURN OF A BIRTH, 73909

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth child

1. *Sex (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* July 13 1884
4. *Place of Birth, (Street and Number)* No 42 Hanford avenue
5. *Full Name of Mother* Elizabeth Talbot
6. *Mother's Maiden Name* " Ashe
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* John Talbot
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Balto. Md

*Name of Medical Attendant,* or other Person who makes this Return. S H Patterson Md

*Address* 23 Franklin St

*Remarks*

name of the mother of such child or children.

72910

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th July
4. *Place of Birth, (Street and Number)* 343 Sharp St.
5. *Full Name of Mother,* Mina Beck
6. *Mother's Maiden Name,* Mina Kliff
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fredrick Beck
9. *Father's Occupation,* Labor man
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Kathrin Munch

*Address,* 1 Leadenhall St

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7911

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 17. 1884
4. Place of Birth, (Street and Number) 209 Dolphin
5. Full Name of Mother, Jennie T McConnell
6. Mother's Maiden Name, Minnick
7. Mother's Birthplace, Md
8. Full Name of Father, Joseph S. McConnell
9. Father's Occupation, Letter carrier
10. Father's Birthplace, an "old ocean"

Name of Medical Attendant, or other Person who makes this Return G Lane Tanneyhill

Address, 219 Madison ave.

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

77912

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 17th 1884
4. Place of Birth, (Street and Number) 50 Market Space
5. Full Name of Mother, Bertha Rosenstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Prussia
8. Full Name of Father, Harris Rosenstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 152 E. Lombard st.

Remarks,

CITY PRINTERS AND STATIONERS.

72913

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 22 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 18th 1884
4. Place of Birth, (Street and Number) 212 Gough st
5. Full Name of Mother, Fannie Nelson
6. Mother's Maiden Name, " Croet
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Nelson
9. Father's Occupation, Mariner
10. Father's Birthplace, Norway

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Berg

Address, 120 Block str

Remarks,

Every case of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

72914

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* July 18 – 84.
4. *Place of Birth, (Street and Number)* 262 Cross St.
5. *Full Name of Mother,* Mary Lees.
6. *Mother's Maiden Name,* " Eigman
7. *Mother's Birthplace,* Hesse – Darmstadt
8. *Full Name of Father,* Christ Lees
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Sachsen – Germ'y

*Name of Medical Attendant,* or other Person who makes this Return Mary Kroh

*Address,* 328 South Eutaw St.

*Remarks,* See H.F.K.

Birth of any child shall occur within the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars to the offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72915

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~12th~~ 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 17th
4. Place of Birth, (Street and Number) Baltimore City 341 Sharp St
5. Full Name of Mother, Catharine A. Hanna
6. Mother's Maiden Name, " Crawford
7. Mother's Birthplace, Montgomery County Md
8. Full Name of Father, Charles W. Hanna
9. Father's Occupation, Oriente
10. Father's Birthplace, Frederick County Md

Name of Medical Attendant, or other Person who makes this Return Kathrine Munf

Address, 1 Leadenhall St

Remarks,

birth of any child shall decline without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72916

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

Name: Casimir V. Mierzejewski

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 19th / 84
4. *Place of Birth, (Street and Number)* No 18 Bartlett St
5. *Full Name of Mother,* Augusta (~~Mizewski~~) Mierzejewski
6. *Mother's Maiden Name,* Augusta Breska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Leon (Mizewiski) Mierzejewski
9. *Father's Occupation,* Laborer
10. *Father's Birthplace.* Strasburg Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Seebach

*Address,* 439 West Pratt st

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

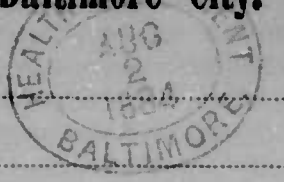
CITY PRINTERS AND STATIONERS

72917

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE



*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 20th 1884
4. *Place of Birth, (Street and Number)* 219 Alice Ann str
5. *Full Name of Mother,* ~~Wh~~ Wilhelmina Rockel
6. *Mother's Maiden Name,* " Lubenau
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Rockel
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Elizabeth Betz

*Address,* 120 Bank str.

*Remarks,*

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered [illegible] other fines and forfeitures are recoverable.

[illegible]phy & Co., City Printers and Stationers.

72918

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21st 1884
4. Place of Birth, (Street and Number) 122 Henrietta Street
5. Full Name of Mother, Anna Maggie Klebe
6. Mother's Maiden Name, Anna Maggie Eckardt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Klebe
9. Father's Occupation, Ehrhardt & Klebe Carpetings
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Käthrin Munch

Address, 1 Lexington Hall St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each [illegible]nce, to be recovered as other fines and penalties are [illegible]erable.

CITY PRINTERS AND STATIONERS.

77919

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Twelfth ? |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | July 21st 1884 |
| 4. *Place of Birth, (Street and Number)* | # 39 Portland St. |
| 5. *Full Name of Mother,* | Francisca Stickle |
| 6. *Mother's Maiden Name,* | " Naegel |
| 7. *Mother's Birthplace,* | Hesse-Darmstadt |
| 8. *Full Name of Father,* | Andrew Stickle |
| 9. *Father's Occupation,* | Cabinet Maker |
| 10. *Father's Birthplace,* | Wurtemberg. Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Kroh |
| *Address,* | 328 South Eutaw St. |
| *Remarks,* | Jas H & K |

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE.

Person of any class shall receive without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72920

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT AUG 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 21st 1884
4. *Place of Birth, (Street and Number)* 60 Harrison st
5. *Full Name of Mother,* Libbie Goldenberg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Gabriel Goldenberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other Person who makes this Return Mrs. C. Bernstein

*Address,* 113 E. Lombard st.

*Remarks,*

, CITY PRINTERS AND STATIONERS.

72921

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 11 1884
4. *Place of Birth, (Street and Number)* 44 Pearl St
5. *Full Name of Mother,* Bertha Miller
6. *Mother's Maiden Name,* Bertha Bear
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Miller
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. Westbrook

*Address,* 366 ~~345~~ Penna ave

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of the section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72922

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 14 1884
4. *Place of Birth, (Street and Number)* 24 Druid Hill ave
5. *Full Name of Mother,* Hannah Golddress
6. *Mother's Maiden Name,* Hannah Cohn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Golddress
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. Mesenzehl

*Address,* 345 Penna ave

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72926

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 18 1884
4. *Place of Birth, (Street and Number)* 22 Mary St
5. *Full Name of Mother,* Lizzie Diven
6. *Mother's Maiden Name,* Lizzie O'Connor
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Edward Diven
9. *Father's Occupation,* Gas Fitter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs L Mesbrzchl

*Address,* 3 G E Penna ave

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons w[illegible] shall hereafter fail to comply with the provisions of t[illegible]ction shall be subject to a fine of ten dollars [illegible]ch offence, to be recovered as other fines and penalt[illegible]e recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

72924

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 July
4. *Place of Birth, (Street and Number)* 23 Concord
5. *Full Name of Mother,* Alvina Annoll
6. *Mother's Maiden Name,* Schultz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Annoll
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 12. E. Lombard

*Remarks,*

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and pena[illegible] are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7295

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

In case the

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) .....

1. Sex, (state whether ~~male or~~ female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, July 22nd 1884
4. Place of Birth, (Street and Number) 289 N. Ann, st
5. Full Name of Mother, Mary L. Wilson
6. Mother's Maiden Name, " " Everett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elwood L. Wilson
9. Father's Occupation, Artist
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return W. L. Rund

Address, No 238 N Broadway

Remarks, .....

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 7926

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
2
1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st First

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 23rd 1884
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother* Mary E Hertford
6. *Mother's Maiden Name* Sarah E Morrison
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Henry Hertford
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balt Md

*Name of Medical Attendant,* or other Person who makes this Return Elizabeth Donaldson

*Address* 10 Barry St S Balt Md

*Remarks*

72927

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (7) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23d at 3 30 A.M.
4. Place of Birth, (Street and Number) 256. S Howard St
5. Full Name of Mother, Mary Theresa Miller.
6. Mother's Maiden Name, Mary Theresa Deeter
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Miller.
9. Father's Occupation, Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Rothvin Munch

Address, 1 Leadenhall St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties recoverable.

CITY PRINTERS AND STATIONERS.

72928

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 July
4. *Place of Birth, (Street and Number)* No 1 Castle St
5. *Full Name of Mother,* Katerrena Hergonrade
6. *Mother's Maiden Name,* Katherena Hergonrade
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Hergonrade
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary Hoptist

*Address,* 169 N. Washington St

*Remarks,* Mary Hoptist

[illegible] should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and pe[illegible] are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72924

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT ... 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 of July
4. Place of Birth, (Street and Number) No 4 Pleasant Street
5. Full Name of Mother, Anna Piles
6. Mother's Maiden Name, = Ulfers
7. Mother's Birthplace, Emden (Hannover) Germ
8. Full Name of Father, Franz Piles
9. Father's Occupation, Laborer
10. Father's Birthplace, Sachsen (Germ)

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Behnken

Address, 54 Essex St.

Remarks,

Its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

City Printers and Stationers.

72930

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 23, 1884
4. *Place of Birth, (Street and Number)* 4416 Saratoga St
5. *Full Name of Mother,* Lottie Henkelman
6. *Mother's Maiden Name,* Lottie Wonder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mathias Henkelman
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs G Meseryell

*Address,* 366 ~~345~~ Penna ave

*Remarks,*

HEALTH DEPARTMENT AUG 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]section shall be subject to a fine of ten dollar[illegible] each offence, to be recovered as other fines and pena[illegible]re recoverable.

, CITY PRINTERS AND STATIONERS.

73931

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23 - 1884
4. Place of Birth, (Street and Number) 49 Abbott Ste
5. Full Name of Mother, Marie Pazdersky
6. Mother's Maiden Name, " Pospisil
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Pospisil
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return Josephina Konrad

Address, No 20 Barnes Ste

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72932

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth (5)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23, 1884.
4. *Place of Birth, (Street and Number)* 33. Abbott Str
5. *Full Name of Mother,* Anna Hirt
6. *Mother's Maiden Name,* " Svec
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Hirt
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return Josephina Konrad

*Address,* No 20 Barnes Str

*Remarks,* —

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dolla[illegible] each offence, to be recovered as other fines and pena[illegible] are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 72933

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* July 23d 1884
4. *Place of Birth, (Street and Number)* 206 Park Ave
5. *Full Name of Mother* Carrie Frances Chase Butler
6. *Mother's Maiden Name* Carrie F. Chase
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Loni A. Butler
9. *Father's Occupation* Public Waiter.
10. *Father's Birthplace* Richmond

*Name of Medical Attendant,* or other Person who makes this Return. Robt. T. Wilson

*Address* 146 Park Ave

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

72934

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 24/84
4. *Place of Birth, (Street and Number)* 204 N. Carey St.
5. *Full Name of Mother,* Daisy Lake
6. *Mother's Maiden Name,* " Wood
7. *Mother's Birthplace,* Annapolis Baltimore Md
8. *Full Name of Father,* Duff Lake
9. *Father's Occupation,* Traveling Salesman
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return A. L. Spicer Mr

*Address,* 387 W. Lombard St

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and pena[illegible] are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

72935

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 24 1884
4. *Place of Birth, (Street and Number)* 147 Townsend St
5. *Full Name of Mother,* Annie Farber
6. *Mother's Maiden Name,* Annie Derr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Farber
9. *Father's Occupation,* Clothing Cutter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. Mesenzehl

*Address,* 346 Pema ave

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7-2936

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White race.
3. Date of Birth, 24 July 1884
4. Place of Birth, (Street and Number) 415 W. Pratt St
5. Full Name of Mother, Dena Sichanak
6. Mother's Maiden Name, Dena Cerny.
7. Mother's Birthplace, Radnic Europe
8. Full Name of Father, Andrew Suchanak
9. Father's Occupation, Tailor
10. Father's Birthplace, Radnic Europe

Name of Medical Attendant, or other Person who makes this Return Mrs Gerbach

Address, 439 West Pratt st

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

72937

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday July 24
4. Place of Birth, (Street and Number) Baltimore 298 S. Charles St.
5. Full Name of Mother, Annie Fleicher Rosenthal
6. Mother's Maiden Name, Annie Fleicher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hermann Rosenthal
9. Father's Occupation, Time Clerk
10. Father's Birthplace, Hessen Cassel Germany

Name of Medical Attendant, or other Person who makes this Return Kathrine Mennig

Address, 1 Leadenhall St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7 2938

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2 |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | July 24 1884 |
| 4. Place of Birth, (Street and Number) | 44 Elbow lane |
| 5. Full Name of Mother, | lizzia dawson |
| 6. Mother's Maiden Name, | lizzia Washington |
| 7. Mother's Birthplace, | west river |
| 8. Full Name of Father, | charles dawson |
| 9. Father's Occupation, | labor |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return | Mary ann darsey |
| Address, | 64 Elbow lane |
| Remarks, | five dollars |

...the parents, and the maiden name of the mother of such child or children."

...ULANY & CO., CITY PRINTERS AND STATIONERS

72939

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 24 1884
4. *Place of Birth, (Street and Number)* 72 Harrison St
5. *Full Name of Mother,* Sarah Skahn
6. *Mother's Maiden Name,* Sarah Sharp
7. *Mother's Birthplace,* Russia Polen
8. *Full Name of Father,* Abraham Kahn
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia Polen

*Name of Medical Attendant,* or other Person who makes this Return Barbara Reitz midwife

*Address,* No 28 Frederick St

*Remarks,*

[illegible] birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7/1940

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1940 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 of July

4. Place of Birth, (Street and Number) № 21 Madison Alley

5. Full Name of Mother, Iva Becker

6. Mother's Maiden Name, = Vandraw

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Becker

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Bohnhen

Address, 54 Essex St.

Remarks,

Its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

, City Printers and Stationers.

# RETURN OF A BIRTH

72941

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 1 1882 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

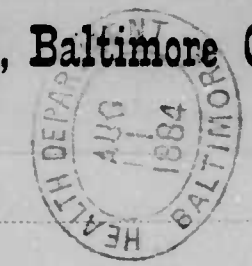
| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 24 July |
| 4. *Place of Birth, (Street and Number)* | 112 E. Lombard |
| 5. *Full Name of Mother,* | Mary Corwy |
| 6. *Mother's Maiden Name,* | Lifpard |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Martin Corwy |
| 9. *Father's Occupation,* | Fire Department |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 72. E. Lombard |
| *Remarks,* | |

, CITY PRINTERS AND STATIONERS.

12942

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.




No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 July
4. Place of Birth, (Street and Number) 165 Pratt
5. Full Name of Mother, Mary Cordt
6. Mother's Maiden Name, Billabuse
7. Mother's Birthplace, Europe
8. Full Name of Father, Frederick Cordt
9. Father's Occupation, Taylor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 92. E. Lombard

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, such offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

7294 (3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 24 1884
4. Place of Birth, (Street and Number) Chester St near Monument
5. Full Name of Mother, Eliza E Bunn
6. Mother's Maiden Name, Pitts
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno. S Bunn
9. Father's Occupation, Warfbuilder
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 McDonogh st

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72944

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Nineth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 24, 1884
4. Place of Birth, (Street and Number) E Madison St 405
5. Full Name of Mother, Margaret A Letsinger
6. Mother's Maiden Name, Fishpaugh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Augustus Letsinger
9. Father's Occupation, Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 Mt Donogh St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

12945

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT JUL 31 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2t Child. Boy

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Whit Child.
3. Date of Birth, 24 Juli
4. Place of Birth, (Street and Number) Cuttie Street No 213. Locust Point
5. Full Name of Mother, Johanne. Wilhelmine. Caroline. Schlorelt.
6. Mother's Maiden Name, Johanne, Wilhelmiene. Caroliene. Weddig
7. Mother's Birthplace, Amelsen. Pro. Hannover. Germany.
8. Full Name of Father. Heinrich. Friedrich. Carl. Schlorelt.
9. Father's Occupation, Laborer
10. Father's Birthplace, Sohlde. Prov. Hannover Germany

Name of Medical Attendant, or other Person who makes this Return Lissy Schäffler Mit Wife

Address. 1601. Schäffler Cor. Fort Av and Thousend Street.

Remarks.

...

...

...

72946

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th C. Hall

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25th
4. *Place of Birth, (Street and Number)* Stockholm Street No 12 Baltimore
5. *Full Name of Mother,* Kate Young
6. *Mother's Maiden Name,* Kate Weber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. C. Young
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Bethvin Munch

*Address,* 1 Leadenhall St

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

72947
Ow

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

Name of Child: Anna Elizabeth Sharp

HEALTH DEPARTMENT AUG 9 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* White, female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 25 of July 1884
4. *Place of Birth, (Street and Number)* No 42 Rock Street.
5. *Full Name of Mother,* Mary C. Therbest.
6. *Mother's Maiden Name,* Mary C. Sharp.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C. Sharp.
9. *Father's Occupation,* Barber.
10. *Father's Birthplace,* Carroll County, M. D.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Seebach.

*Address,* No 437 West Pratt Street.

*Remarks,*

PRINTERS AND STATIONERS

77748

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
AUG
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 25/84 |
| 4. *Place of Birth, (Street and Number)* | 16 E. Stricker St |
| 5. *Full Name of Mother,* | Minnie May |
| 6. *Mother's Maiden Name,* | " Shields |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | David May |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | Thos Opie MD |
| *Address,* | 179 N. Howard St |
| *Remarks,* | |

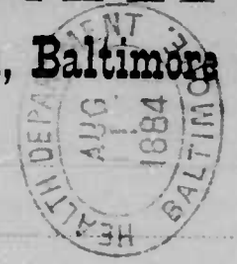
should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73949

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**




No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 July
4. Place of Birth, (Street and Number) 26 Baltimore
5. Full Name of Mother, Lucinda straus
6. Mother's Maiden Name, Foli
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph Straus
9. Father's Occupation, Music strauss
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Sarah Casper

Address, 22 E. Lombard

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons so shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 25 1884
4. Place of Birth, (Street and Number) 222 N Wolfe St
5. Full Name of Mother, Laura V Bien
6. Mother's Maiden Name, Stein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred. W Bien
9. Father's Occupation, Bristol Comber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Allwell

Address, 286 N Dorsey St

Remarks,

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 25 1884

4. Place of Birth, (Street and Number) 222 N Wolfe St

5. Full Name of Mother, Laura V Bird

6. Mother's Maiden Name, Klein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred. H Bird

9. Father's Occupation, Bristle Comber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary A Mudd

Address, 281 N Broadway

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72951

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, July 26th 1884
4. Place of Birth, (Street and Number) W 193. Linden Ave Balto Md.
5. Full Name of Mother, Fannie B. Power.
6. Mother's Maiden Name, Fannie B. Horner.
7. Mother's Birthplace, Woodsborough - Frederick Co. Md.
8. Full Name of Father, Edward M. Power.
9. Father's Occupation, Dairyman
10. Father's Birthplace, Finksburg Balto Co - Md.

Name of Medical Attendant, or other Person who makes this Return. W. S. Roseberry M.D.

Address, Cor Linden Ave. & Hoffman St.

Remarks,

HEALTH DEPARTMENT AUG 1884 BALTIMORE.

Co., City Printers and Stationers.

GIVEN NAME ADDED 5-17-49

73952

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Mary H. Jessop

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* wht
3. *Date of Birth,* July 26. 1884
4. *Place of Birth, (Street and Number)* 247 Lerwid Hill ave
5. *Full Name of Mother,* Annie C Jessop
6. *Mother's Maiden Name,* " " Garrett
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* James M Jessop
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other Person who makes this Return G Lane Tanyhill

*Address,* 219 Madison ave

*Remarks,*

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, July the 27nth 11
4. Place of Birth, (Street and Number) No 24 Josephine St
5. Full Name of Mother, Virginia Smith
6. Mother's Maiden Name,
7. Mother's Birthplace, Fredrick City MD
8. Full Name of Father, Charles H. Carter
9. Father's Occupation, Labrer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return Mary Thomson

Address, 28 Josephine St

Remarks, none

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT BALTIMORE

TY PRINTERS AND STATIONERS.

72954

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2. Child

1. *Sex, (state whether male or female)* Little Girl

2. *Race or Color, (if not of the white race)* White Race

3. *Date of Birth,* 27 July 1884

4. *Place of Birth, (Street and Number)* 212 Frederick Ave Baltimore

5. *Full Name of Mother,* Mrs. Maggie Meyer

6. *Mother's Maiden Name,* Mrs. Ford

7. *Mother's Birthplace,* Born Bayer. Germany

8. *Full Name of Father,* Mr. Henry Ford

9. *Father's Occupation,* Laborer. By Trade

10. *Father's Birthplace,* Born Baltimore city

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Keller

*Address,* 1017. West Pratt st city

*Remarks,*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

by & Co., City Printers and Stationers.

# RETURN OF A BIRTH 72955

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 3 1904 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 27th
4. *Place of Birth, (Street and Number)* 446. N. Wolfe E
5. *Full Name of Mother,* Schiddelia Brigal
6. *Mother's Maiden Name,* " O'Donnell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Brigal
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other Person who makes this Return J. J. Gross M.D.

*Address,* 137 Orleans E

*Remarks,*

...the parents, and the maiden name of the mother of such child or children."

...LANY & CO., CITY PRINTERS AND STATIONERS.

72956

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 Six

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27. Juli
4. *Place of Birth, (Street and Number)* Wit Street No 75
5. *Full Name of Mother,* Anna Barbra Hegler
6. *Mother's Maiden Name,* Anna Barbra Mix
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Freed Hegler
9. *Father's Occupation,* Kabinetmaker
10. *Father's Birthplace,* Gellershausen Germania

*Name of Medical Attendant,* or other Person who makes this Return Kathrin Munch

*Address,* 1 Lowenhall St

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of the ultimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 27 July |
| 4. *Place of Birth, (Street and Number)* | 12 E. Lombard |
| 5. *Full Name of Mother,* | Virginie Walter |
| 6. *Mother's Maiden Name,* | Hardtly |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles C. Walter |
| 9. *Father's Occupation,* | Wagoner |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Sarah Casper |
| *Address,* | 12. E. Lombard street |
| *Remarks,* | |

should no other person be in attendance upon the mother, immediately thereafter it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7958

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 thi

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 of July
4. *Place of Birth, (Street and Number)* 71 Madison Alley
5. *Full Name of Mother,* Lina Klein
6. *Mother's Maiden Name,* = Steinbach
7. *Mother's Birthplace,* Sachsen Altenburg
8. *Full Name of Father,* Henry Klein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs G. Behnken

*Address,* 54 Essex St

*Remarks,*

Its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

., City Printers and Stationers.

SILVER MARRIAGE ADDED 6-18-56

7299

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

Herbert Carlton Roberts

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th July 1854
4. *Place of Birth, (Street and Number)* 262 Gough Street Baltimore
5. *Full Name of Mother,* Henrietta Roberts
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Dorchester County Maryland
8. *Full Name of Father.* Henry Roberts
9. *Father's Occupation,* Commission Merchant
10. *Father's Birthplace,* Dorchester County Maryland

*Name of Medical Attendant,* or other Person who makes this Return Mrs Hannah Knowles

*Address,* 130 S Caroline Street

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents o such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of th[is] section shall be subject to a fine of ten dollars [for] each offence, to be recovered as other fines and penalti[es] recoverable.

CITY PRINTERS AND STATIONERS.

72960

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 28th 1884
4. Place of Birth, (Street and Number) No 103 S Bond st
5. Full Name of Mother, Elizabeth Verleger
6. Mother's Maiden Name, " Shuppel
7. Mother's Birthplace, City
8. Full Name of Father, John J Verleger
9. Father's Occupation, Whipmaker
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Betz

Address, 120 Bank st.

Remarks,

CITY PRINTERS AND STATIONERS.

Over

72961

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 1884 BALTIMORE.

Name: Clementina Fureschi

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third Birth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th day of July.
4. *Place of Birth, (Street and Number)* No. 9 Perry Street
5. *Full Name of Mother,* Isabella Fureschi
6. *Mother's Maiden Name,* " Meda
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Henrick Fureschi
9. *Father's Occupation,* Fruit Dealer
10. *Father's Birthplace,* Valego Italy

*Name of Medical Attendant,* or other Person who makes this Return [illegible]

*Address,* No. 28 N. [illegible]

*Remarks,*

Birth is any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72962

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Ol

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 28, 1884
4. Place of Birth, (Street and Number) 71 E. Madison St
5. Full Name of Mother, Mary E. Metz
6. Mother's Maiden Name, " Farrow
7. Mother's Birthplace, Williamsport Wash. Co. Md
8. Full Name of Father, Jesse A. Metz
9. Father's Occupation, Locomotive-Engineer
10. Father's Birthplace, Frederick Co. Md

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 54 Aisquith St

Remarks,

...ny & Co., City Printers and Stationers.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... report its birth to the Commissioner of Health, in the manner and within the period above required, and any such ... or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) ... for each offence to be recovered as other fines and forfeitures are recoverable.

VITAL DEPARTMENT AUG 1884 BALTIMORE

72962

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG
1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 28 1884

4. Place of Birth, (Street and Number) 71 E. Madison St

5. Full Name of Mother, Mary E. Metz

6. Mother's Maiden Name, " " Farrow

7. Mother's Birthplace, Williamsport Washington Co. Md

8. Full Name of Father, Jesse A. Metz

9. Father's Occupation, Locomotive-Engineer

10. Father's Birthplace, Frederick Co. Md

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDevitt

Address, 54 augusta St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

shy & Co., City Printers and Stationers.

7296 B

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 t

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 29. July
4. Place of Birth, (Street and Number) 157 Sankt Charles Mutt
5. Full Name of Mother,
6. Mother's Maiden Name, Mahle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fr W Koenig
9. Father's Occupation, Tahler
10. Father's Birthplace, Germane Hassen Cassell

Name of Medical Attendant, or other Person who makes this Return Kathrin Munch

Address, 1 Leadenhall St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this [illegible]ion shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties [illegible] recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72964

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 29 1884 |
| 4. Place of Birth, (Street and Number) | 109 Montgomery St |
| 5. Full Name of Mother, | Harriet Copper |
| 6. Mother's Maiden Name, | Harriet Howard |
| 7. Mother's Birthplace, | Md |
| 8. Full Name of Father, | Samuel G. Copper |
| 9. Father's Occupation, | Mariner |
| 10. Father's Birthplace, | Md |
| Name of Medical Attendant, or other Person who makes this Return | H. Betoble, Md |
| Address, | 50 Warren av |
| Remarks, | |

...TY PRINTERS AND STATIONERS

7295

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6tes Kind

1. Sex, (state whether male or female) Bub

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, Geboren den 29ten July

4. Place of Birth, (Street and Number) № 20 Grember Str

5. Full Name of Mother, Mocke Wollster

6. Mother's Maiden Name, Mocke Goeteter

7. Mother's Birthplace, Deutschland

8. Full Name of Father, Gustow Wollter

9. Father's Occupation, Musicer

10. Father's Birthplace, Deutschland.

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address. № 202 S. Dollar Str

Remarks, Hebamme

RECEIVED AUG 2 1884 REGISTRAR'S DEPARTMENT BALTIMORE, MD.

should any such person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72966

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

| | |
|---|---|
| [illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6 |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | Colord |
| 3. Date of Birth, | July 29th 1884 |
| 4. Place of Birth, (Street and Number) | No 4 ascaly |
| 5. Full Name of Mother, | Mary blaz |
| 6. Mother's Maiden Name, | May Gibson |
| 7. Mother's Birthplace, | Ghosty conty via |
| 8. Full Name of Father, | Lev blaz |
| 9. Father's Occupation, | patraden horses |
| 10. Father's Birthplace, | elcret city oc |
| Name of Medical Attendant, or other Person who makes this Return | Schalottie Williams |
| Address, | 164 S howard st |
| Remarks, | five dollars |

[illegible] of the parents, and the maiden name of the mother of such child or children."

[illegible]LANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

72967

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 29 1884 |
| 4. *Place of Birth, (Street and Number)* | 426 Lazarus St |
| 5. *Full Name of Mother,* | Anna Elliott |
| 6. *Mother's Maiden Name,* | Anna Miller |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Thomas Elliott |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Wm E Tracy |
| *Address,* | 193 Lexington |
| *Remarks,* | |

CITY PRINTERS AND STATIONERS.

72968

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 29th 1884 |
| 4. *Place of Birth, (Street and Number)* | 240 Conway St. |
| 5. *Full Name of Mother,* | Ida Lupus |
| 6. *Mother's Maiden Name,* | " Vondrehle |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Lupus |
| 9. *Father's Occupation,* | Artist |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Krok |
| *Address,* | 328 South Eutaw St. |
| *Remarks,* | Dr MPK |

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

17969

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29th 1884
4. Place of Birth, (Street and Number) 161 W Lombard st
5. Full Name of Mother, Fanny Landermich
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Penn -
8. Full Name of Father, Don't know
9. Father's Occupation, " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return W. C. Chapman M.D.

Address, 161 W. Lombard

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

72970

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 nd. Twin

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* July 29/84 5 10 am
4. *Place of Birth, (Street and Number)* 239 Gough
5. *Full Name of Mother,* Mary E. Schmidt
6. *Mother's Maiden Name,* " " Bartman
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* John Schmidt
9. *Father's Occupation,* Carter
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return J. L. Wilkins

*Address,* 77 So. Broadway

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72971

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male - Twin
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* July 29th 1884 5 5 am
4. *Place of Birth, (Street and Number)* 269 Gough St.
5. *Full Name of Mother,* Mary E. Schmidt
6. *Mother's Maiden Name,* " " Bartman
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* John Schmidt
9. *Father's Occupation,* Carter
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return J. L. Wilkins

*Address,* 77 So. Broadway

*Remarks,*

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7997

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| 1. *Sex, (state whether male or female)* | |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July the 29 " 1884 |
| 4. *Place of Birth, (Street and Number)* | Cairy St No 272 |
| 5. *Full Name of Mother,* | Jane E Perry |
| 6. *Mother's Maiden Name,* | Jane E Stewart |
| 7. *Mother's Birthplace,* | Charles Co Md |
| 8. *Full Name of Father,* | Thomas D Perry |
| 9. *Father's Occupation,* | grocer and Provision St |
| 10. *Father's Birthplace,* | Saint Marys Co |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs S Tilley |
| *Address,* | No 797 Pratt St |
| *Remarks,* | |

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 17773

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 27 1884

4. Place of Birth, (Street and Number) 338 Pennsylvania

5. Full Name of Mother, Katie Clifford

6. Mother's Maiden Name, Katie Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sylvester Clifford

9. Father's Occupation, Peddler

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs C Wiesenfeld

Address, 366 Penna ave

Remarks,

Y PRINTERS AND STATIONERS

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

11979

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 July
4. Place of Birth, (Street and Number) 16 Concord street
5. Full Name of Mother, Mary Hall
6. Mother's Maiden Name, Dann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Hall
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return — Sarah Casper

Address, 92. E. Lombard street

Remarks,

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7297

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 29th

4. Place of Birth, (Street and Number) Fort Av & Jackson st.

5. Full Name of Mother, Mary Otterbein

6. Mother's Maiden Name, " Simon

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Otterbein

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return C. D. Buddeyohn M.D.

Address, 164 S. Paca st.

Remarks,

HEALTH DEPARTMENT JUL 31 1894 BALTIMORE

CITY PRINTERS AND STATIONERS.

72976

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT. AUG 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Kind

1. Sex, (state whether male or female) Mädchen

2. Race or Color, (if not of the white race) Weiss

3. Date of Birth, Geboren den 30ten July

4. Place of Birth, (Street and Number) № 246 Aliceander Str

5. Full Name of Mother, Carlein Lange

6. Mother's Maiden Name, Carlein Miller

7. Mother's Birthplace, Deutschland

8. Full Name of Father, Johann Lange

9. Father's Occupation, Karbmacher

10. Father's Birthplace, Deutschland.

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address. № 202. S. Dallas Str

Remarks, Hebamme

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

12977

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

AUG 1854 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9tes Kind

1. Sex, (state whether male or female) Madchen

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, Geboren den 30ten July"

4. Place of Birth, (Street and Number) № 182 S. Carlein Str

5. Full Name of Mother, Mary" Wolffer

6. Mother's Maiden Name, Mary" Krill

7. Mother's Birthplace, Deutschland.

8. Full Name of Father, Mark Wolffer

9. Father's Occupation, Wagner

10. Father's Birthplace, Deutschland

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address. № 202 S. Dallas Str

Remarks, Hebamme

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7-2978

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Femall

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 30 July 1884

4. Place of Birth, (Street and Number) 47 N Chapel St

5. Full Name of Mother, Geosgeanna Hollins

6. Mother's Maiden Name, —

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Collins

9. Father's Occupation, Brick maker

10. Father's Birthplace, North Carolina Charles County

Name of Medical Attendant, or other Person who makes this Return Ellin Carson

Address, No 273 N Chapel St

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH, 7979

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 child

1. *Sex (state whether male or female)*
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth* July 31st 1884
4. *Place of Birth, (Street and Number)* N. 216 N. Eutaw st
5. *Full Name of Mother* Lavinia Casey
6. *Mother's Maiden Name* " Clark
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Jas Casey
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace* Balto Md

*Name of Medical Attendant, or other Person who makes this Return.* J H Patterson M D

*Address* 28 Franklin st

*Remarks*

name of the mother of such child or children.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 2 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te Child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, July the 30. 1884.
4. Place of Birth, (Street and Number) No 134 N Bethel St.
5. Full Name of Mother, Otha Behrens
6. Mother's Maiden Name, Otha Behrens
7. Mother's Birthplace, Wallmarsen N. Preussen Germany
8. Full Name of Father. Johann Behrens
9. Father's Occupation, Wheelright
10. Father's Birthplace, Wallmarsen N. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return Harry E. Müller

Address, N. Dallas St No 26

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7-2981

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 13

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30 - 1884
4. *Place of Birth, (Street and Number)* No 12 Campbell St
5. *Full Name of Mother,* Rose Wonder
6. *Mother's Maiden Name,* Rose Bury
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Wonder
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Seebach

*Address,* 439 West Pratt st

*Remarks,*

TY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

72987

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 30. 1884
4. *Place of Birth, (Street and Number)* 76 Chester street
5. *Full Name of Mother,* Mollie Finey
6. *Mother's Maiden Name,* Mollie Ryan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Finey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mary Conner 133

*Address,* Collington avenue

*Remarks,*

...hy & Co., City Printers and Stationers.

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered ... other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 5 1904 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colord |
| 3. *Date of Birth,* | 30 " |
| 4. *Place of Birth, (Street and Number)* | Ballast st 114 |
| 5. *Full Name of Mother,* | Mossilia Rolle |
| 6. *Mother's Maiden Name,* | " F Young |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | James Rolle |
| 9. *Father's Occupation,* | Porter in a store |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Harriet Jackson |
| *Address,* | 5. Forrest Street |
| *Remarks,* | |

Co., City Printers and Stationers.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 30th 84

4. Place of Birth, (Street and Number) #66 Light St.

5. Full Name of Mother, Wilhelmina Goehlinghorst

6. Mother's Maiden Name, " Rixse

7. Mother's Birthplace, Balto.

8. Full Name of Father, Jno Goehlinghorst Jr.

9. Father's Occupation, Restaurant Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mary Kroh

Address, 328 South Eutaw St.

Remarks, per. NFK.

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars in each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

HEALTH DEPARTMENT AUG 6 1884 BALTIMORE

729 ~~79~~ 84

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 8 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30th 84
4. *Place of Birth, (Street and Number)* #66 Light St.
5. *Full Name of Mother,* Wilhelmina Goehlinghorst
6. *Mother's Maiden Name,* " Rixse
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jno Goehlinghorst Jr.
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary Kroh

*Address,* 328 South Eutaw St.

*Remarks,* per. HFK.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 30th 1884
4. *Place of Birth, (Street and Number)* 72 Register st.
5. *Full Name of Mother,* Anna Elizabeth Waters
6. *Mother's Maiden Name,* " " Seth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Edward Waters
9. *Father's Occupation,*
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. C. Bernadeau

*Address,* 152 E. Lombard st.

*Remarks,*

HEALTH DEPARTMENT AUG 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7498

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 30 — 1864
4. Place of Birth, (Street and Number) 41 E Pratt St.
5. Full Name of Mother, M. Elisabeth Parlett
6. Mother's Maiden Name, Gayer
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Andrew Jackson Parlett
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Stein

Address, 151 E. Pratt St.

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered before other fines and forfeitures are recoverable.

...ohr & Co., City Printers and Stationers

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. ~~Sex, (state whether male or female)~~
2. Race or Color, (if not of the white race) Wib
3. Date of Birth. July the 30 " 18 " 84
4. Place of Birth, (Street and Number) Lemon street No 97
5. Full Name of Mother, Mary Lenord
6. Mother's Maiden Name, Mary Deets
7. Mother's Birthplace, Lancaster, E C M D
8. Full Name of Father, August Deets
9. Father's Occupation, Brewer
10. Father's Birthplace, germany

Name of Medical Attendant, or other Person who makes this Return Mrs S Dilley

Address, No 797 Pratt st

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for the offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

73988

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ~~3~~ 1 childe

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 30 July 1884
4. *Place of Birth, (Street and Number)* 264 Sharpe
5. *Full Name of Mother,* Lotter ~~Fay~~ ~~Kinge~~ Taylor
6. *Mother's Maiden Name,* Lotter Smith
7. *Mother's Birthplace,* prin and contry
8. *Full Name of Father,* Robbut ~~Kinge~~ Taylor
9. *Father's Occupation,* Drammor
10. *Father's Birthplace,* Feddick county

*Name of Medical Attendant,* or other Person who makes this Return Willey Goss

*Address,* 12 plum alley

*Remarks,*

Birth in any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73919

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st of July 1884
4. Place of Birth, (Street and Number) 490 Eager Street
5. Full Name of Mother, Lizzie Paul
6. Mother's Maiden Name, Lizzie Schmitt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samual Schmitt
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 11 North Chapel Street for Justina Kunkel

Remarks, Healthy

Penalty of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

77990

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31st of July 1884

4. Place of Birth, (Street and Number) 140 Chester and Chestnut

5. Full Name of Mother, Kate Deibert

6. Mother's Maiden Name, Kate Pastor

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Emil Pastor

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Crescentia Kunkel

Address, 71 North Chapel St. for Justina Kunkel

Remarks, Healthy

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

73986
91

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 11 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) —
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31 1884
4. Place of Birth, (Street and Number) McHenry St No 379
5. Full Name of Mother, Catharine Thirl
6. Mother's Maiden Name, Catharine Rush
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles F Thirl
9. Father's Occupation, ~~Thucter~~ Thuckster
10. Father's Birthplace, Baltimore E C

Name of Medical Attendant, or other Person who makes this Return Mrs S Kelly

Address, No 797 Pratt St

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 1 1884 BALTIMORE

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each such offence, to be recovered as other fines and penalties are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31 July
4. *Place of Birth, (Street and Number)* 22 Albemarle
5. *Full Name of Mother,* Ellen Burk
6. *Mother's Maiden Name,* Higgins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis Burk
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Sarah Casper

*Address,* 22. E. Lombard street

*Remarks,*

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7-29-893

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 31st 1884 |
| 4. *Place of Birth, (Street and Number)* | # 294 Light St |
| 5. *Full Name of Mother,* | Virginia A Denny |
| 6. *Mother's Maiden Name,* | " " Betz |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Walter Denny |
| 9. *Father's Occupation,* | Milk Dealer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | H B Noble M D |
| *Address,* | 50 Main av |
| *Remarks,* | |

TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

12989
94

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Little Girl

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, 31 of July 1884

4. Place of Birth, (Street and Number) William st Baltimore city

5. Full Name of Mother, Mrs. Foley

6. Mother's Maiden Name, Miss Lizzie Kirby

7. Mother's Birthplace, Born Baltimore city

8. Full Name of Father, Mr. Foley

9. Father's Occupation, Laborer

10. Father's Birthplace, Born Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mrs Killer

Address, 1017 West Pratt city

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

72995

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 31st
4. *Place of Birth, (Street and Number)* 182 Hamburg St.
5. *Full Name of Mother,* Maggie Stiebel
6. *Mother's Maiden Name,* " " Trenting
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis Stiebel
9. *Father's Occupation,* Piano Maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Kathrin Munch

*Address,* Leadenhall St.

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

12996

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5tes Kind

1. Sex, (state whether male or female) Madchen

2. Race or Color, (if not of the white race) Weiss

3. Date of Birth, Geboren 31. ter July"

4. Place of Birth, (Street and Number) No 193 Eastern Av

5. Full Name of Mother, Louise Krummick

6. Mother's Maiden Name, Louise Mater

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Krummick

9. Father's Occupation, Handarbeiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, No 202 S. Dollers Av

Remarks, Hebamme

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

12997

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT. AUG 2 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 31st 1884 |
| 4. *Place of Birth, (Street and Number)* | 308 Division |
| 5. *Full Name of Mother,* | Annie Schaefer |
| 6. *Mother's Maiden Name,* | Debow |
| 7. *Mother's Birthplace,* | Balto. City |
| 8. *Full Name of Father,* | Geo. Schaefer |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Balto. City |
| *Name of Medical Attendant,* or other Person who makes this Return | J. H. CHRISTIAN, M. D. |
| *Address,* | |
| *Remarks,* | |

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

72998

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 2 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, July the 31 1884
4. Place of Birth, (Street and Number) N. Madeira Alley No 3.
5. Full Name of Mother, Anna Fischer
6. Mother's Maiden Name, Anna Bueks
7. Mother's Birthplace, Balt City
8. Full Name of Father, Michael Fischer
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address, N Dallas St No 26

Remarks, .....

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dolla[illegible] for each offence, to be recovered as other fines and pen[illegible] are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11779

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT RECEIVED 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July the 31. 1884
4. *Place of Birth, (Street and Number)* N. Bond St. No 2 7 4
5. *Full Name of Mother,* Elisabetha Hens
6. *Mother's Maiden Name,* Elisabetha Getz
7. *Mother's Birthplace,* Hessel. Gr. Hessen. Germany
8. *Full Name of Father,* Adam Hens
9. *Father's Occupation,* Messerschmied
10. *Father's Birthplace,* Lorhaupten, N. Prussen Germany

*Name of Medical Attendant,* or other Person who makes this Return Mary E. Müller

*Address,* N. Dallas St, No 26

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 73990

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 31, 1884

4. Place of Birth, (Street and Number) 40 N. Schroeder St.

5. Full Name of Mother, Anna Schwartz

6. Mother's Maiden Name, Anna Schleef

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John G. Schwartz

9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. Flora A. Brewster

Address, 304 Madison Ave.

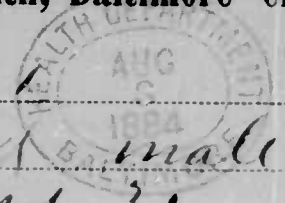
Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH

17996
73001

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Colored male
2. Race or Color, (if not of the white race) Colored 31
3. Date of Birth, 31
4. Place of Birth, (Street and Number) Edward st 28
5. Full Name of Mother, Elizebeth waters jackson
6. Mother's Maiden Name, " waters
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel jackson
9. Father's Occupation, labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet jackson

Address, 5 forest street

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...o., City Printers and Stationers.

# RETURN OF A BIRTH

~~[illegible]~~ 7/30/02

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 31 1884
4. *Place of Birth, (Street and Number)* 29 Robert St
5. *Full Name of Mother,* Adeline Bastianelli
6. *Mother's Maiden Name,* Adeline Horn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Bastianelli
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs. A. Mesery Ehl

*Address,* 366 Penna Ave

*Remarks,*

PRINTERS AND STATIONERS

# RETURN OF A BIRTH,

~~[illegible]~~ 73003

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 31st 1884
4. *Place of Birth, (Street and Number)* 92 N Calvert St.
5. *Full Name of Mother* Frances Campbell
6. *Mother's Maiden Name* " Lewis
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Bernard Campbell
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* Baltimore, Md

*Name of Medical Attendant,* or other Person who makes this Return. John Morris M.D.

*Address* No. 5 Franklin St.

*Remarks*

name of the mother of such child or children.

# RETURN OF A BIRTH

XX4449
7300 4

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

| | |
|---|---|
| [redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 5th |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 31st 1884 |
| 4. Place of Birth, (Street and Number) | 138 N Schroeder. |
| 5. Full Name of Mother, | Jennie Swigert |
| 6. Mother's Maiden Name, | " Walker, |
| 7. Mother's Birthplace, | Virginia. |
| 8. Full Name of Father, | John P Swigert, |
| 9. Father's Occupation, | Photographer |
| 10. Father's Birthplace, | Balto Md. |
| Name of Medical Attendant, or other Person who makes this Return | W Maennel Midwife |
| Address, | 228 Saratoga st |
| Remarks, | |

REGISTRATION OF BIRTHS AND DEATHS BALTIMORE

ULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 73005

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 31st 1884
4. *Place of Birth, (Street and Number)* 114 St Mary St
5. *Full Name of Mother,* Jennie Hutton
6. *Mother's Maiden Name,* Jennie Mitchell
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Robert Hutton
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return J. A. Gillies M.D.

*Address,* 150 N Eutaw St

*Remarks,* Instrumental case of much severity attended with great difficulty —

...LANY & CO., CITY PRINTERS AND STATIONERS

73006

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) six (6.) Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white.
3. Date of Birth, (first) 1th of June 1884.
4. Place of Birth, (Street and Number) 43 Barry-street.
5. Full Name of Mother, Lizzie ~~Strasser~~ Schmidt.
6. Mother's Maiden Name, " Lizzie Schmidt
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Carl, Alexander, Edmund Oscar Strasser
9. Father's Occupation, Maschinist.
10. Father's Birthplace, Ulm, (Germany)

Name of Medical Attendant, or other Person who makes this Return Mdm. Sebach

Address, 439. West Pratt st

Remarks,

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

73007

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT JUL 31 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30th
4. *Place of Birth, (Street and Number)* 314 S. Paca st.
5. *Full Name of Mother,* Lizzie Polster
6. *Mother's Maiden Name,* " Gumbmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Polster
9. *Father's Occupation,* Brick maker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return C. L. Buddenbohn

*Address,* 166. S. Paca st

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 73008

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* April 29th 1884
4. *Place of Birth, (Street and Number)* 91 Camden St
5. *Full Name of Mother,* Alice Brown
6. *Mother's Maiden Name,* Alice Hornsinger
7. *Mother's Birthplace,* A. A. County Md
8. *Full Name of Father,* Charles Brown
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* A. A. County Md

*Name of Medical Attendant,* or other Person who makes this Return. Emily Hayball

*Address,* 91 Camden St

*Remarks,* Mrs Hayball is not a Midwife Mrs Brown was confined to her house & she attended her

A. H. [illegible]

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

73009

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth C 5 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 3d 1884 |
| 4. *Place of Birth, (Street and Number)* | No 323 McDonough St |
| 5. *Full Name of Mother,* | Hannah Cornelius |
| 6. *Mother's Maiden Name,* | " Ewing |
| 7. *Mother's Birthplace,* | Philadelphia Pa |
| 8. *Full Name of Father,* | Nicolas Cornelius |
| 9. *Father's Occupation,* | Oyster Dealer |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Regina A. Winter |
| *Address,* | 186 Harford Ave |
| *Remarks,* | |

shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Co., City Printers and Stationers.

# RETURN OF A BIRTH

73010

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth (5) |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 11th 1884 |
| 4. *Place of Birth, (Street and Number)* | 315 Harford Ave |
| 5. *Full Name of Mother,* | Ida Martin |
| 6. *Mother's Maiden Name,* | " Whiteford |
| 7. *Mother's Birthplace,* | Baltimore Co |
| 8. *Full Name of Father,* | T. F. Martin |
| 9. *Father's Occupation,* | Car Driver |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Regina A. Winter |
| *Address,* | 186 Harford Ave |
| *Remarks,* | |

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

alice upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and ... ties are recoverable.

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# RETURN OF A BIRTH

7 3011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W.

3. Date of Birth, July 15, 1884

4. Place of Birth, (Street and Number) 677 Lex. St.

5. Full Name of Mother, Hettie Kaufman

6. Mother's Maiden Name, " Hecht

7. Mother's Birthplace, German

8. Full Name of Father, Solomon Kaufman

9. Father's Occupation, Salesman

10. Mother's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return C. W. Neff

Address, 306 N Eutaw St

Remarks, Time of Gestation 8 months.

ANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 73012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Fe.

2. Race or Color, (if not of the white race) W.

3. Date of Birth, July 15. 1884

4. Place of Birth, (Street and Number) 64 S. Ann Street

5. Full Name of Mother, Clara Graff

6. Mother's Maiden Name, " Richards

7. Mother's Birthplace, Balt.

8. Full Name of Father, Chas. Graff

9. Father's Occupation, Clerk

10. [redacted]ther's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return C. W. Uhl

Address, 206 N. Fayette St

Remarks,

ANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

77013

HEALTH DEPARTMENT AUG 3 1884 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6 te

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 17. 1884.
4. Place of Birth, (Street and Number) 14 Forest st No 17
5. Full Name of Mother, Mary Treuber
6. Mother's Maiden Name, Bieger
7. Mother's Birthplace, Balt
8. Full Name of Father, Christian Treuber
9. Father's Occupation, Eismann
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Wm. Schamm Rauch

Address, S. Wolfe st No 14

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

13014

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6 te

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 18. 84.
4. Place of Birth, (Street and Number) S. Durham str No 43
5. Full Name of Mother, Anna Schmidt
6. Mother's Maiden Name, Schweicher
7. Mother's Birthplace, Balt.
8. Full Name of Father, Joseph Schmidt
9. Father's Occupation, Tyler
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return Wm F. Rawlins

Address, S. Wolf 14

Remarks,

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

If any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

Over 73015

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 18th 1884
4. *Place of Birth, (Street and Number)* 17 Potomac
5. *Full Name of Mother,* Mary Elizabeth
6. *Mother's Maiden Name,* Mathany
7. *Mother's Birthplace,* U.S. America
8. *Full Name of Father,* William J. Jones
9. *Father's Occupation,* Collector
10. *Father's Birthplace,* U.S. America

*Name of Medical Attendant,* or other Person who makes this Return E. J. Mahoney M.D.

*Address,* 53 Elliott St

*Remarks,* Full name of child — Leo Jones

...ITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

73016

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 19th 1884 |
| 4. *Place of Birth, (Street and Number)* | 29 Streeper St |
| 5. *Full Name of Mother,* | Lena |
| 6. *Mother's Maiden Name,* | Henty |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | William Emerick |
| 9. *Father's Occupation,* | Lobster |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | E. Williams MD |
| *Address,* | 63 Eladle St. |
| *Remarks,* | |

...ITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7017

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 19th 1884

4. Place of Birth, (Street and Number) 3d Gelz Ave

5. Full Name of Mother, Bridget Rettil

6. Mother's Maiden Name, Riley

7. Mother's Birthplace, Ireland

8. Full Name of Father, Edward Rettil

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Regina A Winter

Address, 186 Harford Ave

Remarks,

shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of [illegible] dollars for each offence, to be recovered as other fines and [illegible]

[illegible] & Co., City Printers and Stationers.

# RETURN OF A BIRTH

73018

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 21st 1884 |
| 4. *Place of Birth, (Street and Number)* | 129 Canton St |
| 5. *Full Name of Mother,* | Maggie |
| 6. *Mother's Maiden Name,* | Finney |
| 7. *Mother's Birthplace,* | U S A |
| 8. *Full Name of Father,* | Charles F. Sorg |
| 9. *Father's Occupation,* | Stoker Boss |
| 10. *Father's Birthplace,* | U S A |
| *Name of Medical Attendant,* or other Person who makes this Return | E. J. McCleary M.D. |
| *Address,* | 83 E Clark St |
| *Remarks,* | |

...ITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 73019

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22/84
4. Place of Birth, (Street and Number) 506 Eastern Ave.
5. Full Name of Mother, Catherine Smith
6. Mother's Maiden Name, " Zindle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. Smith
9. Father's Occupation, Ship Joiner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return R. W. Mansfield M. D.

Address, 117 S Broadway

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

73070

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.)*

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Juli 23. 1884
4. *Place of Birth, (Street and Number)* S. Dunken Alley 17
5. *Full Name of Mother,* Anna Doerfler
6. *Mother's Maiden Name,* Distler
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Johann Doerfler
9. *Father's Occupation,* Matratzmaker
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Mrs. Joh. Raubach

*Address,* S. Wolfstr No 14

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or per[illegible] who shall hereafter fail to comply with the provision [illegible] this section shall be subject to a fine of ten d[illegible] for each offence, to be recovered as other fines and [illegible]ties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 73021

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT AUG 2 1934 BALTIMORE

[redacted] of Child of Mother. (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24/84
4. Place of Birth, (Street and Number) 224 E. Balto St
5. Full Name of Mother. Mary Jane Harris
6. Mother's Maiden Name, " " Calder
7. Mother's Birthplace, Baltimore
8. Full Name of Father. D. L. Harris
9. Father's Occupation, Harness Maker
10. [redacted]ather's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return R. W. Mansfield M.D

Address, 117 E Broadway

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

73022

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* 5 t.

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jule 26. 84.
4. *Place of Birth, (Street and Number)* N. Schuppelstr No 96
5. *Full Name of Mother,* Kunigunde Schneider
6. *Mother's Maiden Name,* Schriefer
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Johann Schneider
9. *Father's Occupation,* Lebner
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return Mrs Joh. Raubach

*Address,* S. Wolf No 14

*Remarks,*

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penal[illegible] are recoverable.

[illegible]ITY PRINTERS AND STATIONERS.

73023

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 8 t

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 26. 84.
4. *Place of Birth, (Street and Number)* S. Schappel str No 130
5. *Full Name of Mother,* Kunigunde Getz
6. *Mother's Maiden Name,* Felbinger
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Pankratz Getz
9. *Father's Occupation,* Wortfrwarker
10. *Father's Birthplace,* Bavaria

*Name of Medical Attendant,* or other Person who makes this Return Mrs Joh. Raubach

*Address,* S. Wolf str No 14

*Remarks,*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

73034

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)*

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feb 28. 84.
4. *Place of Birth, (Street and Number)* S. Parkenstr No 83
5. *Full Name of Mother,* Anna Herbert
6. *Mother's Maiden Name,* Hartgings
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Geory Herbert
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Balt

*Name of Medical Attendant,* or other Person who makes this Return Mr Joh. Raubach

*Address,* S. Wolfstr No 14

*Remarks,*

...birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

73025

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name of Child Emma Margaret Lehmann

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 6 t.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jule 28. 84.
4. *Place of Birth, (Street and Number)* S. Schuppelstr No 26
5. *Full Name of Mother,* Wilhelmine Lemann
6. *Mother's Maiden Name,* Hilser
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Wilhelm ~~Lemann~~ Lehman
9. *Father's Occupation,* Hanizmaker
10. *Father's Birthplace,* Prussia

*Name of Medical Attendant,* or other Person who makes this Return Mrs Joh. Ranbach

*Address,* S. Wolfstr No 14

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penal[illegible] to recoverable.

.., CITY PRINTERS AND STATIONERS.

13016

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 20th of July |
| 4. *Place of Birth, (Street and Number)* | 19 Lambert st |
| 5. *Full Name of Mother,* | Laura Virgie Myers |
| 6. *Mother's Maiden Name,* | " " Johnson |
| 7. *Mother's Birthplace,* | Elbow Lane Baltimore |
| 8. *Full Name of Father,* | Thomas Myers |
| 9. *Father's Occupation,* | Waiter or Caterer |
| 10. *Father's Birthplace,* | #29 Sharp st Alley Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Johnson |
| *Address,* | 94 Tyson st |
| *Remarks,* | |

HEALTH DEPARTMENT JUL 24 1884 BALTIMORE

CITY PRINTERS AND STATIONERS.

73027

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 5 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 21st 1884
4. *Place of Birth, (Street and Number)* 31 Marion street
5. *Full Name of Mother,* Henrietta Winston
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* St Mary County
8. *Full Name of Father,* Elijah Winston
9. *Father's Occupation,* Calver
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Hester Cotance

*Address,* 39 Monument street

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

, CITY PRINTERS AND STATIONERS.

7302.8

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 6 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, July 21st 1884
4. Place of Birth, (Street and Number) Baltimore City Md. No 24 New street
5. Full Name of Mother, Margaret Ann Iler.
6. Mother's Maiden Name, Margaret Ann Maffield.
7. Mother's Birthplace, Baltimore City Maryland
8. Full Name of Father, Moses Edward Iler.
9. Father's Occupation, Drayman.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Mrs Annie Johnson

Address, No 94 tyson street

Remarks,

...duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7304.9

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 6 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 16 July 1884

4. Place of Birth, (Street and Number) No 11 Woodyear St City

5. Full Name of Mother,

6. Mother's Maiden Name, Matilda Buchanan

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Frank Hamilton

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs E Jones

Address, No 11 Woodyear St City

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

73030

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
AUG
6
1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | W. |
| 3. *Date of Birth,* | July 20. 1884 |
| 4. *Place of Birth, (Street and Number)* | 36 E Eutaw st |
| 5. *Full Name of Mother,* | Florence Boyd |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Balto City |
| 8. *Full Name of Father,* | |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other Person who makes this Return | J. F. Hale M.D. |
| *Address,* | 217 Fawn |
| *Remarks,* | |

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 72031

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 26, 1884

4. Place of Birth, (Street and Number) 1042 Argyle St

5. Full Name of Mother, Lottie Rowe

6. Mother's Maiden Name, —

7. Mother's Birthplace, Virginia Co, Va

8. Full Name of Father, James Rowe

9. Father's Occupation, White Washer

10. Father's Birthplace, Virginia Co Va

Name of Medical Attendant, or other Person who makes this Return Mary E Grace

Address, 1011 Woodyear St

Remarks,

HEALTH DEPARTMENT AUG 6 1884 BALTIMORE

...CITY PRINTERS AND STATIONERS.

73032

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, July 24th
4. Place of Birth, (Street and Number) Cathedral No. 100
5. Full Name of Mother, Anner Minor
6. Mother's Maiden Name, " Murray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Addison L. Minor
9. Father's Occupation, Messenger
10. Father's Birthplace, State of Virginia

Name of Medical Attendant, or other Person who makes this Return

Address, Anne Johnson

Remarks, 94 Tyson st

HEALTH DEPARTMENT AUG 8 1884 BALTIMORE

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penal[illegible]re recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

7303 (3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 6 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* eight d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 26 July
4. *Place of Birth, (Street and Number)* 11 Eutaw Court Balt.
5. *Full Name of Mother,* Maria Barnes
6. *Mother's Maiden Name,* Maria Jones
7. *Mother's Birthplace,* St Marys County, Md.
8. *Full Name of Father,* Henry Barnes
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* St Marys County, Md.

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Anni Johnson

*Remarks,* 94 Tyson

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 73034

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1884 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 26

4. Place of Birth, (Street and Number) Baltimore Union Court

5. Full Name of Mother, Janine Jackson

6. Mother's Maiden Name, Janie Jackson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Josiah Cooper

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Elizabeth Sayles

Address,

Remarks, Union Court

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
AUG 6 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, July 29, 1884

4. Place of Birth, (Street and Number) 1502 Vincent ave

5. Full Name of Mother, Jennie Robson

6. Mother's Maiden Name, Jennie Carter

7. Mother's Birthplace, Cambridge Md

8. Full Name of Father, Silas Robson

9. Father's Occupation, Hard Carrier

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Mary E Jones

Address, 1011 Woodycrest

Remarks,

...., CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

730.36

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 4 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, 27th July
4. Place of Birth, (Street and Number) No 29½ W. Biddle st.
5. Full Name of Mother, Lavinia Collins
6. Mother's Maiden Name, Lavinia Nelson
7. Mother's Birthplace, Howard County Md.
8. Full Name of Father, Joseph Henry Collins
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Annie Johnson

Address, No 94 Tyson st.

Remarks,

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7037

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 1884 BALTIMORE

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 27/84 |
| 4. *Place of Birth, (Street and Number)* | 210 N. Carrollton ave |
| 5. *Full Name of Mother,* | Theresa Harris |
| 6. *Mother's Maiden Name,* | " Marcus |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | Abraham Harris |
| 9. *Father's Occupation,* | Jeweller |
| 10. *Father's Birthplace,* | Va |
| *Name of Medical Attendant,* or other Person who makes this Return | Thos Opie M.D. |
| *Address,* | 179 N. Howard |
| *Remarks,* | |

.. CITY PRINTERS AND STATIONERS.

730.38

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 8 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 child

1. *Sex, (state whether male or female)* male child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 28 July 1884
4. *Place of Birth, (Street and Number)* No 2 Vincent St City
5. *Full Name of Mother,* Hattie Bush
6. *Mother's Maiden Name,* Hattie Hill
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James Bush
9. *Father's Occupation,* Hard Curricy
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Mary C Young

*Address,* No 11 Woodyear St City

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of [illegible]ection shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penal[illegible]re recoverable.

[illegible]., CITY PRINTERS AND STATIONERS.

13039

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT AUG 6 1884 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 29. 1884

4. Place of Birth, (Street and Number) Cookes St.

5. Full Name of Mother, Maryan Banks

6. Mother's Maiden Name, Maryan Darty

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Banks

9. Father's Occupation, Labarer

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other Person who makes this Return Mrs Ettel

Address, No 13 Cuba St

Remarks, Locust Point

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

7.3040

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) "
3. Date of Birth, July 3/84
4. Place of Birth, (Street and Number) 29 E Druid Hill Ave
5. Full Name of Mother, Emma Baumann
6. Mother's Maiden Name, Sasans
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Baumann
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Krafft

Address, 61 Penna Ave

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties for such offence, to be recovered as other fines and penalties recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

7-30111

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) "

3. Date of Birth, July 4/84

4. Place of Birth, (Street and Number) 13 Clay St.

5. Full Name of Mother, Josephine Farrenholz.

6. Mother's Maiden Name, Donat

7. Mother's Birthplace, Germany

8. Full Name of Father, Christian Farrenholz.

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft.

Address, 61. Penna Ave.

Remarks,

... CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7304.2

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) "

3. Date of Birth, July 6/84

4. Place of Birth, (Street and Number) 620 Walnut St.

5. Full Name of Mother, Katie Schramm

6. Mother's Maiden Name, Kraft

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Schramm

9. Father's Occupation, Pianomaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft.

Address, 61 Penna Ave.

Remarks,

..., CITY PRINTERS AND STATIONERS.

T 3012

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) "
3. Date of Birth, July 11/84
4. Place of Birth, (Street and Number) 326 Penna Ave
5. Full Name of Mother, Sidy Flarning
6. Mother's Maiden Name, Geresen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Flarning
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louise Kraft

Address, 61 Penna Ave

Remarks,

... CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73044

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 14 84
4. Place of Birth, (Street and Number) 315 W. Pratt St
5. Full Name of Mother, Britahard Busker
6. Mother's Maiden Name, Hallahan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edie Busker
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Louise Kraft

Address, 61 Penna Ave.

Remarks,

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73045

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 21 st 1884
4. *Place of Birth, (Street and Number)* 18½ Little Stougton St
5. *Full Name of Mother,* Francis McKenny
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* .....
8. *Full Name of Father,* Joseph McKenny
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* .....

*Name of Medical Attendant,* or other Person who makes this Return. May Queen

*Address,* 4 Redmans Ct

*Remarks,* .....

.....

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

73046

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 30th |
| 4. *Place of Birth, (Street and Number)* | 134 Saratoga St |
| 5. *Full Name of Mother,* | Mrs. Lizzie V. Hemmeman |
| 6. *Mother's Maiden Name,* | Litz |
| 7. *Mother's Birthplace,* | Balto. Md |
| 8. *Full Name of Father,* | John H Hemmeman |
| 9. *Father's Occupation,* | Box maker |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | T. Chew Worthington |
| *Address,* | 3736 Fayette St |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children.

...PIET, PRINTER & STATIONER, BALT.

73047

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 30th
4. *Place of Birth, (Street and Number)* 7 Castle Alley
5. *Full Name of Mother,* Annie E Rich.
6. *Mother's Maiden Name,* Annie E Lee
7. *Mother's Birthplace,* Harford Co.
8. *Full Name of Father,* David Rich
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Eastern Shore

*Name of Medical Attendant,* or other Person who makes this Return. Leah Walker

*Address,* No 19 Britton St

*Remarks,* healthy

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] all to comply with the provisions of this section, shall be subj[illegible] to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

73048

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 30/84
4. *Place of Birth, (Street and Number)* 48 Hiking St.
5. *Full Name of Mother,* Sonnie Dewel
6. *Mother's Maiden Name,* Tanofki
7. *Mother's Birthplace,* Polen
8. *Full Name of Father,* John Dewel
9. *Father's Occupation,* Labover
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs Louise Kraft.

*Address,* 61 Penna Ave

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons [illegible]all hereafter fail to comply with the provisions of t[illegible]ction shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penalt[illegible]re recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7-3049

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each such offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Yellow
3. Date of Birth, July 31st 1884.
4. Place of Birth, (Street and Number) #15 Waesche Street
5. Full Name of Mother, Amelia Thomas.
6. Mother's Maiden Name, Amelia Dutton
7. Mother's Birthplace, Near Westminster, Carroll Co., Md.
8. Full Name of Father, John A. Thomas.
9. Father's Occupation, Porter.
10. Father's Birthplace, Carroll County.

Name of Medical Attendant or other Person who makes this Return Mrs. Mary Jane Richardson

Address, #212 Dover Street

Remarks, Mother and Child doing excellently.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

13050

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 7 |
| 1. *Sex* (state whether Male or Female) | Male |
| 2. *Race or Color* (if not of the white race) | Colored |
| 3. *Date of Birth* | Born July 31 st /04 |
| 4. *Place of Birth* (Street and Number) | Baltimore City & 9x alley |
| 5. *Full Name of Mother* | Lucilia Bevan |
| 6. *Mother's Maiden Name* | Lucilia Scott |
| 7. *Mother's Birthplace* | Greenwood Mississippia Talbot Co |
| 8. *Full Name of Father* | Albert Bevan |
| 9. *Father's Occupation* | Sailor |
| 10. *Father's Birthplace* | Balto City |
| *Name of Medical Attendant*, or other Person who makes this Return. | Dr Sarah Tadcar |
| *Address* | 1224 Hughes st Balto |
| *Remarks* | |

73011

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth July 31 st 1874.
4. Place of Birth, (Street and Number) Baltimore. No 13 E. Baltimore st
5. Full Name of Mother, Emma Laudte.
6. Mother's Maiden Name, " Smallbach.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Antone C Laudte.
9. Father's Occupation, Confectionery
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann Kuman

Address, No 10 South Eden st

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

73052

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT AUG 7 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* July the 31 st
4. *Place of Birth, (Street and Number)* Baltimore Heath st No 31
5. *Full Name of Mother,* Margret Mcarty
6. *Mother's Maiden Name,* lauterback
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Danial Mcarty
9. *Father's Occupation,* labour
10. *Father's Birthplace,* irland

*Name of Medical Attendant,* or other Person who makes this Return Elizabeth Hathorn

*Address,* william st No 394

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or p[illegible] of such child to report its birth to the Board of H[illegible], in the manner, and within the period above [illegible]red, except in the cases of the births and deaths of [illegible]ltimate children, and any person or persons wh[illegible]all hereafter fail to comply with the provisions of th[illegible]ection shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

730 J 3

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 16th 1884

4. Place of Birth, (Street and Number) Vincent Alley rear 4 Dolphin

5. Full Name of Mother, Leanna Lockett

6. Mother's Maiden Name, Leanna Lockett

7. Mother's Birthplace, Fauquier Co Va

8. Full Name of Father, Benjamin Brown

9. Father's Occupation, Waiter

10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, Dr Lockie

Address, Dolphin bet Vincent & Eutaw

Remarks,

Prepare the above and forward the same to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within thirty days after the birth of each child. In the event of a birth occurring without medical attendance the Registrar shall be notified of the fact within the period of thirty days, and it shall become the duty of the Physician or Midwife in attendance upon the next succeeding birth to report the birth to the Registrar. Any person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Every householder shall cause the said particulars of each and every birth and the date and place thereof to be entered in a book to be kept for that purpose, and every householder shall, within one week after the birth of any child, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, under the penalty of ten (10) dollars for each offence.

Every Physician or Midwife who shall be in attendance upon any birth shall, within one week after the birth, report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, under the penalty of ten (10) dollars for each offence.

Every person who shall neglect or refuse to report any birth as required by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Every person who shall wilfully make any false report of any birth, or who shall wilfully report any false name or false particulars of any child, shall be subject to the penalties and forfeitures provided by law for false swearing.

Every person who shall wilfully destroy or conceal any birth, or who shall wilfully make any false statement in relation to any birth

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

7302

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* March 16th 1884
4. *Place of Birth, (Street and Number)* Vincent Alley rear 424
5. *Full Name of Mother,* Lewis Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Calvert co md
8. *Full Name of Father,* Augustus Brown
9. *Father's Occupation,* Waiter in feed store
10. *Father's Birthplace,* Calvert co Md

*Name of Medical Attendant,* or other Person who makes this Return. Charles Collins Vincent

*Address,*

*Remarks,*

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Co[illegible]sioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible]ail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...uy & Co., City Printers and Stationers.

73054

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* April 4th 1884
4. *Place of Birth, (Street and Number)* Vincent Alley No 422
5. *Full Name of Mother,* Barbara Green
6. *Mother's Maiden Name,* Barbara Ennis
7. *Mother's Birthplace,* Calvert co Md
8. *Full Name of Father,* Louis Green
9. *Father's Occupation,* ~~Laborer~~ Laborer
10. *Father's Birthplace,* Calvert co Md

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Rollins Midwife

*Address,*

*Remarks,*

---

...the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

7-3055

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 18th 1884
4. *Place of Birth, (Street and Number)* Balto Vincent Alley No 18
5. *Full Name of Mother,* Rachel Ellen Markell
6. *Mother's Maiden Name,* Rachel Jackson
7. *Mother's Birthplace,* Calvert county
8. *Full Name of Father,* Charles Markell
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Calvert county

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Rollins Midwife

*Address,*

*Remarks,*

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period aforesaid, and any such person or persons who shall refuse or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...dy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

7056

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertain the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [redacted] or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject and liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 29th 1884
4. *Place of Birth, (Street and Number)* Balto Vincent alley No 12
5. *Full Name of Mother,* Harriet Johnson
6. *Mother's Maiden Name,* Harriet Lee
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm Johnson
9. *Father's Occupation,* Brickmaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Roberts Smith

*Address,*

*Remarks,*

Guy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3 ed Child |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | June 30 ed 1884 |
| 4. Place of Birth, (Street and Number) | 176 West st |
| 5. Full Name of Mother, | Cathern Crockman |
| 6. Mother's Maiden Name, | Purple |
| 7. Mother's Birthplace, | America |
| 8. Full Name of Father, | Louis Crockman |
| 9. Father's Occupation, | Glassblower |
| 10. Father's Birthplace, | America |
| Name of Medical Attendant, or other Person who makes this Return | J. Schiausser midwife |
| Address, | 330 Hanover st. |
| Remarks, | |

[illegible] place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of [illegible] in the manner, and within the period above [illegible] hereafter fail to comply with the provisions of this section shall be subject any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

Missing 73058- 73765, incl.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

73765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 9 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* ~~White~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 1st
4. *Place of Birth, (Street and Number)* S. Schroeder St near Pratt.
5. *Full Name of Mother,* Kate Gaine
6. *Mother's Maiden Name,* Kate Gile
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Gaine
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Norman F Hill Mo

*Address.* 17 N. Calhoun St.

*Remarks,*

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 73766

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* September
4. *Place of Birth, (Street and Number)* 96 East street
5. *Full Name of Mother,* Katie Colons
6. *Mother's Maiden Name,* Rose
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Simon Colons
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 92. E. Lombard street

*Remarks,*

HEALTH DEPARTMENT
SEP 11 1884
BALTIMORE MD.

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

13767

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT, SEP 9 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* .....
4. *Place of Birth, (Street and Number)* .....
5. *Full Name of Mother,* .....
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* .....
8. *Full Name of Father,* .....
9. *Father's Occupation,* .....
10. *Father's Birthplace,* .....

*Name of Medical Attendant,* or other Person who makes this Return .....

*Address.* .....

*Remarks.* .....

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

TY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 73768

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 9 1884

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Sept 1 1884 |
| 4. Place of Birth, (Street and Number) | No 190 Montgomery St |
| 5. Full Name of Mother, | Emma Oaks |
| 6. Mother's Maiden Name, | Emma Lease |
| 7. Mother's Birthplace, | England |
| 8. Full Name of Father, | Chas Oaks |
| 9. Father's Occupation, | Merchant |
| 10. Father's Birthplace, | Sweeden |
| Name of Medical Attendant, or other Person who makes this Return | H B Noble MD |
| Address, | 50 Warren av |
| Remarks, | |

TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 73769

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 2 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st September 1884
4. *Place of Birth, (Street and Number)* No 109 Conway St
5. *Full Name of Mother,* Maggie Boyd
6. *Mother's Maiden Name,* Maggie Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Boyd
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sabina Jacobs

*Address,* No 15 West St

*Remarks,*

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be re[illegible] as other fines and forfeitures are recoverable.

ny & Co., City Printers and Stationers.

73770

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) The White
3. Date of Birth, The 1 of Sep 1884
4. Place of Birth, (Street and Number) No 231 Chase Street
5. Full Name of Mother, Katie Schmedes
6. Mother's Maiden Name, Kate Gottsleben
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Martin Henry Schmedes
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Ch. Fauer

Address, No 173 Harford Ave

Remarks, Baltimore Md.

1884

HEALTH DEPARTMENT, SEP 3 1884 BALTIMORE, MD.

Should the same person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 3771

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 3 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 1st 1884 |
| 4. *Place of Birth, (Street and Number)* | No 61 Burke St |
| 5. *Full Name of Mother,* | Wilhelmina Henrichs |
| 6. *Mother's Maiden Name,* | Wilhelmina Ehlinghaus |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Henrichs |
| 9. *Father's Occupation,* | Stevedore |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs R. H. Garrett |
| *Address,* | No 65 Burke St. |
| *Remarks,* | |

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

# RETURN OF A BIRTH

73772

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 8 1884
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st & 1884 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Sept 1 st 1884 |
| 4. *Place of Birth, (Street and Number)* | No. 145 Clemen st. |
| 5. *Full Name of Mother,* | Josephine Goetz |
| 6. *Mother's Maiden Name,* | Gregory |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | William Goetz |
| 9. *Father's Occupation,* | Shipcarpenter |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return. | J. Schwarzer midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

...be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...by & Co., City Printers and Stationers.

# RETURN OF A BIRTH, 73773

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT, SEP 4 1884 BALTIMORE MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eleventh

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* August 1st 1884
4. *Place of Birth, (Street and Number)* 522 E. Chase St.
5. *Full Name of Mother* Mary A. Deetan
6. *Mother's Maiden Name* Lipfle
7. *Mother's Birthplace* Va.
8. *Full Name of Father* Albertus Deetan
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Va.

*Name of Medical Attendant,* or other Person who makes this Return. H. Ritterhoff M.D.

*Address* 105 W. Biddle St.

*Remarks*

name of the mother of such child or children.

7737 74

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 4 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1st 1884
4. Place of Birth, (Street and Number) No 223 N. Dallas St
5. Full Name of Mother, Mrs. Jane Ritchie Tydings
6. Mother's Maiden Name, Mrs Jane R. Wilson
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Joseph S. Tydings
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Annapolis, Md.

Name of Medical Attendant, or other Person who makes this Return Wm H Clendinen, M. D.

Address, No 102 N. Broadway

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 73775

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2ter Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 1, 1884
4. *Place of Birth, (Street and Number)* E. Fayette St No 125
5. *Full Name of Mother,* Auguste Bethke
6. *Mother's Maiden Name,* Auguste Schollmeyer
7. *Mother's Birthplace,* Celle, K. Preussen Germany
8. *Full Name of Father,* Karl Bethke
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Tempelburg, K. Würtemberg, Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Müller

*Address,* N. Dallas St No 26

*Remarks,*

HEALTH DEPARTMENT, SEP 4 1884 BALTIMORE, MD.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

# RETURN OF A BIRTH. 73776

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 4 1884 BALTIMORE, MD.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth* september the 1st
4. *Place of Birth, (Street and Number)* Baltimore Hanover St Nayn
5. *Full Name of Mother,* Kate wimplmy
6. *Mother's Maiden Name,* fahy
7. *Mother's Birthplace,* irland
8. *Full Name of Father,* andrew wimplmy
9. *Father's Occupation,* labour
10. *Father's Birthplace,* germany

*Name of Medical Attendant,* or other Person who makes this Return. Elisabeth Hathorn

*Address,* William st No 374

*Remarks,*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 73777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 5 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. second

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 1 — 1884
4. Place of Birth, (Street and Number) 188. Conway st.
5. Full Name of Mother, Louise Padum
6. Mother's Maiden Name, Louise Balke.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Louis. Padum
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, Other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

PRINTERS AND STATIONERS

# RETURN OF A BIRTH 73778

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eight |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sept. 1st 184 |
| 4. *Place of Birth, (Street and Number)* | No 180 N. Front St |
| 5. *Full Name of Mother,* | Mary Barrett. |
| 6. *Mother's Maiden Name,* | Mary Holland |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Michael Barrett |
| 9. *Father's Occupation,* | Shoemaker |
| 10. *Father's Birthplace.* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Eliza Flemming |
| *Address,* | 95 Albemarle St |
| *Remarks,* | (City) |

HEALTH DEPARTMENT SEP 5 1884 BALTIMORE CITY

...ITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

7 3 79

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 9 1884
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth* | September 2nd |
| 4. *Place of Birth, (Street and Number)* | 221 Henrietta St Baltimore |
| 5. *Full Name of Mother,* | Mary M. Brown |
| 6. *Mother's Maiden Name,* | Mary M. Cooper |
| 7. *Mother's Birthplace,* | Cumberland Md |
| 8. *Full Name of Father,* | Joshua Thomas Brown |
| 9. *Father's Occupation,* | Caterer |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mary Gross |
| *Address,* | Plum Alley no 12 |
| *Remarks,* | |

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

23780

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 9 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, September 2, 1884
4. Place of Birth, (Street and Number) ft 301 Hanford Alley Balto Md
5. Full Name of Mother, Margaret Hoffenbein
6. Mother's Maiden Name, Lefus
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hoffenbein
9. Father's Occupation, Carpet Weaver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Caroline Miller

Address, ft S Walker St Balto Md

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 73781

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, SEP 11 1884 BALTIMORE, MD.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 2 September 1884
4. *Place of Birth, (Street and Number)* 44 Harrison
5. *Full Name of Mother,* Hesther Sacks
6. *Mother's Maiden Name,* Greenstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Julius Sacks
9. *Father's Occupation,* Dry-goods-store
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 72 E. Lombard street

*Remarks,*

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 73782

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. Sep 12 / 884

HEALTH DEPARTMENT SEP 12 1884 BALTIMORE, MD.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2 1884
4. Place of Birth, (Street and Number) 344 South Bond St
5. Full Name of Mother, Ida Mary Kaehler
6. Mother's Maiden Name, Ida Mary Dietzel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad John Kaehler
9. Father's Occupation, Baker
10. [redacted]ther's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Smith

Address, Name of Child Henry Adam Kaehler

Remarks,

PRINTERS AND STATIONERS

73783

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 7 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 2 1884
4. *Place of Birth, (Street and Number)* Cantora Av Common St
5. *Full Name of Mother,* Hanut Myers
6. *Mother's Maiden Name,* —"—
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Myers
9. *Father's Occupation,* Boatsman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs E Gray

*Address,* 193 Chester St

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73784

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 7 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colord
3. Date of Birth, September 2 1884
4. Place of Birth, (Street and Number) 73 vincent alley
5. Full Name of Mother, Sarah Henson
6. Mother's Maiden Name, Sarah Bradford
7. Mother's Birthplace, Henrietta County
8. Full Name of Father, Melchior Henson
9. Father's Occupation, labor
10. Father's Birthplace, Anarundle County

Name of Medical Attendant, or other Person who makes this Return Charlotte Warren

Address, 258 Robert

Remarks, none

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

7378

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 3 1884 BALTIMORE, MD.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 10th |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Sept 2" 1884 |
| 4. Place of Birth (Street and Number) | 550 S Chales st |
| 5. Full Name of Mother | Elizabeth Sweet |
| 6. Mother's Maiden Name | " Taylor |
| 7. Mother's Birthplace | Ellicott City Md |
| 8. Full Name of Father | J. E. Sweet |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace | England |
| Name of Medical Attendant, or other Person who makes this Return. | O. A. Cooke MD |
| Address | 710 Fort av |
| Remarks | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, 73786

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP 3 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th, Twins

1. *Sex (state whether male or female)* Male and female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Tuesday Sept 2d 1884
4. *Place of Birth, (Street and Number)* 98 Chesapeake St
5. *Full Name of Mother* Lourenou Mathews
6. *Mother's Maiden Name* Lourenou Riggs
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Jacob Mathews
9. *Father's Occupation* Rigger
10. *Father's Birthplace* Wales

*Name of Medical Attendant, or other Person who makes this Return.* J. E. Richardson MD

*Address* 28 O'Donnell St

*Remarks* Premature births without a cause. The first was born alive 3 hours after she gave birth to dead female child about the same time the first one the male died. The mother is doing well

*Whether, Whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.*

# RETURN OF A BIRTH, 13787

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT, SEP 4 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child.

1. *Sex (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* Sept. 2nd 1884.

4. *Place of Birth, (Street and Number)* 1325 N. Gilmore St.

5. *Full Name of Mother* Emily R. Travers.

6. *Mother's Maiden Name* Hooper.

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Wm. J. Travers.

9. *Father's Occupation* Stairbuilder.

10. *Father's Birthplace* Somerset Co. Md.

*Name of Medical Attendant,* or other Person who makes this Return. H. K. Fetterhoff M.D.

*Address* 705 N. Biddle St.

*Remarks*

Condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 73788

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1894 BALTIMORE MD

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th "

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, Sept 2nd "

4. Place of Birth, (Street and Number) 287 N. Stricker

5. Full Name of Mother, Rachel Cooke

6. Mother's Maiden Name, Rachel Clark

7. Mother's Birthplace, Maryland

8. Full Name of Father, Adolphus Cooke

9. Father's Occupation, Laborer

[redacted] Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return J. W. Clark

Address, 287 N. Stricker

Remarks.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

73789

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 2nd Sept 84 |
| 4. *Place of Birth, (Street and Number)* | 29 Gitting st |
| 5. *Full Name of Mother,* | Matilda Jenkins |
| 6. *Mother's Maiden Name,* | " Riddle |
| 7. *Mother's Birthplace,* | Gettysburg Pa |
| 8. *Full Name of Father,* | Fredk. Jenkins |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore County, |
| *Name of Medical Attendant,* or other Person who makes this Return | Mary Koch |
| *Address,* | 328 South Eutaw St. |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73790

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 4 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 September
4. Place of Birth, (Street and Number) 129 1/2 Duncan Alley
5. Full Name of Mother, Amy E. Vogel
6. Mother's Maiden Name, — Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Vogel
9. Father's Occupation, Farm Worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs G. Bebnken

Address, 54 Essex St

Remarks,

...arphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 73791

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, September the 2, 1882

4. Place of Birth, (Street and Number) S. Bond St. N° 72.

5. Full Name of Mother, Elisabetha Vieth

6. Mother's Maiden Name, Elisabetha Westermann

7. Mother's Birthplace, Bauren N. Preussen Germany

8. Full Name of Father, Friedrich Jr Vieth

9. Father's Occupation, Grocer

10. Father's Birthplace, Mühlhausen N. Bayern. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Gallas St N° 26

Remarks,

HEALTH DEPARTMENT SEP 4 1882 BALTIMORE MD

...rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

73792

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. fourth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 2. 1884
4. Place of Birth, (Street and Number) 22. Mengo St.
5. Full Name of Mother, Lizie Bingel
6. Mother's Maiden Name, Lizie Miller
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frederick Bingel
9. Father's Occupation, Baber
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Wm. Kunigunda Schlifer

Address, 20 Columbia Ave.

Remarks,

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DEPARTMENT SEP 5 1884 BALTIMORE

CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

7379 3

HEALTH DEPARTMENT
SEP 6 1884
BALTIMORE, MD.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 9th Child |
| 1. *Sex* (state whether Male or Female) | Female |
| 2. *Race or Color* (if not of the white race) | White |
| 3. *Date of Birth* | Sept 2nd 1884 |
| 4. *Place of Birth* (Street and Number) | 696 Hanover st |
| 5. *Full Name of Mother* | Margaret Kleinsmith |
| 6. *Mother's Maiden Name* | Bachelor |
| 7. *Mother's Birthplace* | Baltimore Md |
| 8. *Full Name of Father* | Christopher Kleinsmith |
| 9. *Father's Occupation* | Baker |
| 10. *Father's Birthplace* | Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | O. A. Cooke M.D. |
| *Address* | 110 Fort ave |
| *Remarks* | |

# RETURN OF A BIRTH

7394

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1884 2nd September

4. *Place of Birth, (Street and Number)* 141 Pine st

5. *Full Name of Mother,* Anna Carney

6. *Mother's Maiden Name,* Anna Reddican

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Owen Carney

9. *Father's Occupation,* Moulder

10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Hunter

*Address,* 21 N° Poppleton St

*Remarks,*

SEP 10 1884 BALTIMORE MD

hy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

7-3795

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 10 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 1884 September 2

4. *Place of Birth, (Street and Number)* 90 N. Paca st

5. *Full Name of Mother,* Mrs Henry Belmont

6. *Mother's Maiden Name,* Grace Taylor

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Belmont

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* New York

*Name of Medical Attendant,* or other Person who makes this Return. Susan Hunter

*Address,* 21 N. Poppleton St

*Remarks,*

---

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...hy & Co., City Printers and Stationers.

7-3796

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 9 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 3rd 1884
4. Place of Birth, (Street and Number) No 111 S. Royston st
5. Full Name of Mother, Mrs Mary Stintz
6. Mother's Maiden Name, " " Dolan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hugo Stintz
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Goetzke

Address, No 55 S. Bond st

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

73/79

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 9 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 3d 1884
4. *Place of Birth, (Street and Number)* 16 Davis St
5. *Full Name of Mother,* Johanna Grape
6. *Mother's Maiden Name,* Ziegler
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward Grape
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Wm Reiß Hebamme

*Address,* No 28 N Frederick St Baltimore

*Remarks,* W L

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

73798

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 9 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Lonnade
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 3 1884
4. *Place of Birth, (Street and Number)* 397 Canton Ave
5. *Full Name of Mother,* Johannes Garholde
6. *Mother's Maiden Name,* Joh Otto
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Fahrelle
9. *Father's Occupation,* Brother
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs E Gray

*Address,* 173 Chest

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollar[illegible] such offence, to be recovered as other fines and pena[illegible] are recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 3 799

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 12 1884
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 the Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 3 ed 1884

4. Place of Birth, (Street and Number) No. 201 West st

5. Full Name of Mother, Dora Harig

6. Mother's Maiden Name, Maristrang

7. Mother's Birthplace, America

8. Full Name of Father, Georg Harig

9. Father's Occupation, Cannmaker

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return. J. Schwarzer midwife

Address, 330 Hanover st

Remarks,

---

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH / 13800

**To the Office of Registrar of Vital Statistics, Board of Health,**
**BALTIMORE CITY.** Sept 12 1884

[redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6 1884
4. Place of Birth, (Street and Number) 253 South Broadway
5. Full Name of Mother, Josephine L Moran
6. Mother's Maiden Name, Josephine L Goodhue
7. Mother's Birthplace, New York
8. Full Name of Father, Thomas Moran
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Smith

Address, the Child name

Remarks, Sarah Moran

HEALTH DEPARTMENT SEP 12 1884 BALTIMORE, MD

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7380

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Sep 12 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) W Fml
3. Date of Birth, Sept 3 1884
4. Place of Birth, (Street and Number) 341 South Bond St
5. Full Name of Mother, Sarrah Mc Collor
6. Mother's Maiden Name, ~~Baltimore~~ Sarrah Mitchell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Mc Collar
9. Father's Occupation, Seaman
10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return Mrs Lou Smith

Address, Child name Thomas Henry Mc Collar

Remarks,

HEALTH DEPARTMENT
SEP 12 1884
BALTIMORE MD.

PRINTERS AND STATIONERS

73802

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 4 1884 BALTIMORE, M.D.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Second |
| 1. Sex (state whether Male or Female) | Male |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Sept 3rd 1884 |
| 4. Place of Birth (Street and Number) | 47 N. Fremont St |
| 5. Full Name of Mother | Agnes Wheeler |
| 6. Mother's Maiden Name | Agnes Willson |
| 7. Mother's Birthplace | Baltimore City |
| 8. Full Name of Father | Albert Wheeler |
| 9. Father's Occupation | Baggage Master on B&C R.R. |
| 10. Father's Birthplace | Baltimore City |
| Name of Medical Attendant, or other Person who makes this Return. | B. F. Phillips M.D. |
| Address | 311 Whoubard St |
| Remarks | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 73803

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 4 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Bright Malatter
3. Date of Birth, Sept 3 1884
4. Place of Birth, (Street and Number) 74 Myrtle Ave
5. Full Name of Mother, Maria Jenkins
6. Mother's Maiden Name, Maria Watson
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, W H Jenkins
9. Father's Occupation, Barber
10. Father's Birthplace, Easton Shore Md

Name of Medical Attendant, or other Person who makes this Return Harrett Hammond

Address, No 65 Arch St Baltim Md

Remarks,

of the parents, and the maiden name of the mother of such child or children.

...TY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 5 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd of September 1884
4. *Place of Birth, (Street and Number)* 29 North Chapel street
5. *Full Name of Mother,* Annie Beck
6. *Mother's Maiden Name,* Annie Weise
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adrew Weise
9. *Father's Occupation,* Laborman
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Crescintia Kunkel

*Address,* 11 North Chapel street per Justina Kunkel

*Remarks,* Healthy

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above re[illegible]ed, except in the cases of the births and deaths of [illegible]timate children, and any person or persons wh[illegible]ll hereafter fail to comply with the provisions of thi[illegible]ion shall be subject to a fine of ten dollars fo[illegible]h offence, to be recovered as other fines and penalties [illegible] recoverable.

NO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

13805

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 6 1864
BALTIMORE, MD

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered before any other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 3rd 1864 |
| 4. *Place of Birth, (Street and Number)* | 422 Aliciana St. |
| 5. *Full Name of Mother,* | Mrs Elizabeth Hoemer |
| 6. *Mother's Maiden Name,* | Miss Elizabeth Hollmes |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Henry Hoemer |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs R. A. Gantt |
| *Address,* | No 65 Burke St. |
| *Remarks,* | |

...by & Co., City Printers and Stationers.

GIVEN NAME ADDED 5-23-49

# RETURN OF A BIRTH

73506

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 8 1884
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Julia Morton

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 3d

4. Place of Birth, (Street and Number) No 52 Lombard st

5. Full Name of Mother, Margaret Morton

6. Mother's Maiden Name, Schissler

7. Mother's Birthplace, Balto

8. Full Name of Father, Michael Morton

9. Father's Occupation, " Van Maker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return Sophia Simon

Address, No 71 Hanover st

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

7 3807

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

September 4th 1884.

HEALTH DEPARTMENT
SEP 6 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 3rd 1884.
4. Place of Birth, (Street and Number) 236 Bank St.
5. Full Name of Mother, Lizzie Reinhardt,
6. Mother's Maiden Name, Lizzie Umbach.
7. Mother's Birthplace, America.
8. Full Name of Father, Philip Reinhardt.
9. Father's Occupation, Steador.
10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address, 137 South Wolfe St.

Remarks, C

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73808

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, 9th 3rd 84

4. Place of Birth, (Street and Number) #506 W. Fayette St

5. Full Name of Mother, Mrs A. P. Wight

6. Mother's Maiden Name, " " Gould

7. Mother's Birthplace, Queen Anne's Co. Md

8. Full Name of Father, Chas S Wight

9. Father's Occupation, Cotton Broker

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return L. L. Bitting MD

Address, 467 W Fayette St

Remarks, 8 Mos. Normal P.P.A. Healthy.

of the parents, and the maiden name of the mother of such child or children."

...ULANY & CO., CITY PRINTERS AND STATIONERS

73509

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 7 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 3 1884
4. *Place of Birth, (Street and Number)* 300 Canton Av
5. *Full Name of Mother,* Annie Pinsel
6. *Mother's Maiden Name,* Ann Wiegand
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Philipp Pinsel
9. *Father's Occupation,* Capse
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return Mrs E Tray

*Address,* 193 Chester

*Remarks,*

[illegible] birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 72810

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 7 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 September
4. Place of Birth, (Street and Number) Darley Park
5. Full Name of Mother, E Liverda Lovell
6. Mother's Maiden Name, Liverda Smith
7. Mother's Birthplace, Wales
8. Full Name of Father, Livi Lovell
9. Father's Occupation, horse dealing
10. Father's Birthplace, Wales

Name of Medical Attendant, or other Person who makes this Return Jas E Boless

Address, 386 Harford Av

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 8 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) femal

2. Race or Color, (if not of the white race)

3. Date of Birth, ~~Baltimore City~~ September 3 1884

4. Place of Birth, (Street and Number) Baltimore City, No 24 Asbearn St

5. Full Name of Mother, Mary Buston

6. Mother's Maiden Name, Mary Schrade

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Buston

9. Father's Occupation, Bricklear

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return Miss M. Shaffer

Address, No 114 Ridgley St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

12512

HEALTH DEPARTMENT
SEP 8 1894
BALTIMORE MD

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sarah Ann Gibson

1. *Sex (state whether male or female)* a Female
2. *Race or Color (if not of the white race)* Colored Child
3. *Date of Birth* September 3, 1894.
4. *Place of Birth (Street and Number)* Pearl Alt. No. 113
5. *Full Name of Mother* Laura Ann Cooper
6. *Mother's Maiden Name* Laura Ann Bailey
7. *Mother's Birthplace* Talbert Country Md.
8. *Full Name of Father* Charles Caleb Cooper
9. *Father's Occupation* Furniture Remover
10. *Father's Birthplace* Howard Country Md.

*Name of Medical Attendant,* or other Person who makes this Return.

*Address* Sarah Ann Gibson

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

7381 2

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 10 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Female (Twin #1)
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 3rd 1884 -
4. *Place of Birth, (Street and Number)* 5 Rosewalk alley
5. *Full Name of Mother,* Mary Barnes
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Dorchester County - Md.
8. *Full Name of Father,* Geo Washington
9. *Father's Occupation,* Fireman on Steamer -
10. *Father's Birthplace.* Dorchester County - Md -

*Name of Medical Attendant,* or other Person who makes this Return Caroline Moore - (Midwife)

*Address,*

*Remarks,*

Caroline Moore

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 73813 1/2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female - (Twin) 2d

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 3rd 1884

4. Place of Birth, (Street and Number) 5 Ropewalk Alley

5. Full Name of Mother, Mary Barnes c

6. Mother's Maiden Name, "

7. Mother's Birthplace, Dorchester County Md -

8. Full Name of Father, Geo Washington c -

9. Father's Occupation, Fireman on Steamer -

10. Father's Birthplace Dorchester County Md -

Name of Medical Attendant, or other Person who makes this Return Caroline Moore c (Midwife)

Address,

Remarks, Caroline Moore c.

HEALTH DEPARTMENT SEP 10 1884 BALTIMORE MD

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

73814

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 10 1884 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) 1
2. Race or Color (if not of the white race)
3. Date of Birth Septb. 4th 84
4. Place of Birth (Street and Number)
5. Full Name of Mother Esther
6. Mother's Maiden Name Dyrenfurth
7. Mother's Birthplace Balto
8. Full Name of Father Samuel Friedlander
9. Father's Occupation Clothier
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. [illegible] MD

Address 258 Madison ave

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

73815

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 10 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 4 1884
4. *Place of Birth, (Street and Number)* 342 Alabama St
5. *Full Name of Mother,* Kate Hueneman
6. *Mother's Maiden Name,* Kat Langeln
7. *Mother's Birthplace,* Baltimo
8. *Full Name of Father,* John Hueneman
9. *Father's Occupation,* Can Maker
10. *Father's Birthplace,* Baltimo

*Name of Medical Attendant,* or other Person who makes this Return Mrs E Tracy

*Address,* 193 Chiste

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and death[illegible] illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions [illegible] section shall be subject to a fine of ten dolla[illegible] each offence, to be recovered as other fines and pen[illegible]es are recoverable.

O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73816

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 10 1884

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th of Sept 1884
4. *Place of Birth, (Street and Number)* Saratoga & Carlton Ave S.C.
5. *Full Name of Mother,* Mary Rebecca Mahrer
6. *Mother's Maiden Name,* Mary Rebecca Peacock
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* John Mahrer
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Dr Hunter Capelton st

*Address,* 21 do

*Remarks,*

---

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 6 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth (13)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 4th 1884
4. Place of Birth, (Street and Number) 95 Cambridge St
5. Full Name of Mother, Mrs Emily Wetherstine
6. Mother's Maiden Name, Emily Andrews
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thaddeus Theodore Wetherstine
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs R. A. Garrett.

Address, No 65 Burke St.

Remarks, The child is very weak and feeble weighing but one(1) pound.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereaft[illegible] to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recov[illegible] other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

73818

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Sept 5 1884

HEALTH DEPARTMENT
SEP 6 1884
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Balto Sept 4th 1884.
4. Place of Birth, (Street and Number) 434 Canton Ave.
5. Full Name of Mother, Lizzie Miller
6. Mother's Maiden Name, Lizzie Rose.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Adam Miller.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 137 South Wolfe St

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

73819

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 6 1884
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 4th 1884. |
| 4. *Place of Birth, (Street and Number)* | 33. Abell St |
| 5. *Full Name of Mother,* | Barbara Klima |
| 6. *Mother's Maiden Name,* | " Vondrick |
| 7. *Mother's Birthplace,* | Bohemia |
| 8. *Full Name of Father,* | Franz Klima |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Bohemia |
| *Name of Medical Attendant,* or other Person who makes this Return | Josephine Konrad |
| *Address,* | No 20. Bares St |
| *Remarks,* | |

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. CITY PRINTERS AND STATIONERS.

73830

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 8 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 4th
4. *Place of Birth, (Street and Number)* No. 113 Eastern ave
5. *Full Name of Mother,* Wilburse Hummer
6. *Mother's Maiden Name,* " " Miller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* George Hummer
9. *Father's Occupation,* " Huddler
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other Person who makes this Return Sophia Sieman

*Address,* No. 70 Granby st.

*Remarks,*

[illegible] birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 73821

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 5 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 4 1884
4. *Place of Birth, (Street and Number)* 182 Saratoga St
5. *Full Name of Mother* Elizabeth Fechtig
6. *Mother's Maiden Name* Elizabeth McHenry
7. *Mother's Birthplace* Cumberland Md
8. *Full Name of Father* J A Fechtig
9. *Father's Occupation* Physician
10. *Father's Birthplace* Hagerstown Md

*Name of Medical Attendant,* or other Person who makes this Return. J A Fechtig M.D.

*Address* 182 Saratoga St

*Remarks*

[illegible] condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

73822

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 4 1884 BALTIMORE, MD.

No. of Child of Mother (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white ~~race~~)
3. Date of Birth 4 Sept. 1884
4. Place of Birth (Street and Number) 326 N. Eutaw St.
5. Full Name of Mother Dr. Amanda F. Taylor-Norris
6. Mother's Maiden Name Dr. Amanda F. Taylor.
7. Mother's Birthplace Harford Co. Md.
8. Full Name of Father Frank C. Norris
9. Father's Occupation Farmer
10. Father's Birthplace Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. B. F. Leonard Md.

Address 314 E. Balto. St

Remarks

L. O. A. P. First Stage prolonged - Forceps applied

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the [illegible]den name of the mother of such child or childr[illegible]

# RETURN OF A BIRTH

7382

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 4 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Sister

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Alive

4. Place of Birth, (Street and Number) 6 King St

5. Full Name of Mother, Annie Kimmel

6. Mother's Maiden Name, Mess Seebach

7. Mother's Birthplace, Penn

8. Full Name of Father, Henry Kimmel

9. Father's Occupation,

10. Father's Birthplace, Stamberg

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

13524

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 4 September
4. *Place of Birth, (Street and Number)* 67 Market space
5. *Full Name of Mother,* Rosa Dichter
6. *Mother's Maiden Name,* Hoarwitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Garrison Dichter
9. *Father's Occupation,* Store-keeper
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 72 E. Lombard street

*Remarks,*

Ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

SEP 11 1884

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH. 73525

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject and liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 4 September
4. *Place of Birth, (Street and Number)* 10 E. Lombard
5. *Full Name of Mother,* Katie Grogen
6. *Mother's Maiden Name,* Cain
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Peter Grogen
9. *Father's Occupation,* Furniture
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 12 E. Lombard street

*Remarks,*

HEALTH DEPARTMENT SEP 11 1884 BALTIMORE MD

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

73826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) C.

3. Date of Birth, Sept. 4. 1884

4. Place of Birth, (Street and Number) 185 Erne St

5. Full Name of Mother, Minnie Parraway

6. Mother's Maiden Name, " Williams

7. Mother's Birthplace, Balt.

8. Full Name of Father, Wm. Parraway

9. Father's Occupation, Waiter

Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return C W Neff

Address, 306 W Fayette St.

Remarks,

...of the parents, and the maiden name of the mother of such child or children."

...DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 73827

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

DEPARTMENT
SEP 15 1884
BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 4 th of september
4. *Place of Birth, (Street and Number)* 91 at terbein st
5. *Full Name of Mother,* leo murring
6. *Mother's Maiden Name,* leo reinhardt
7. *Mother's Birthplace,* virginia
8. *Full Name of Father,* John murring
9. *Father's Occupation,* shoemaker

*Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Emilie Bunge

*Remarks,*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

13828

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP 11 1884
BALTIMORE MD

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c)* | Second |
| *1. Sex (state whether Male or Female)* Josie Theresa A.D.O. 4/27/20 | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Sept. 4th 1884 |
| *4. Place of Birth (Street and Number)* | 617 N. Gay St. |
| *5. Full Name of Mother* | Ruth Glen |
| *6. Mother's Maiden Name* | Ruth Parks |
| *7. Mother's Birthplace* | Lewisdon City Pa. |
| *8. Full Name of Father* | George W. Glen |
| *9. Father's Occupation* | Blacksmith |
| *10. Father's Birthplace* | Harford Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return. | A. Gibralson |
| *Address* | 437 N. Central Ave. |
| *Remarks* | |

# RETURN OF A BIRTH.

73829

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 11 1884
BALTIMORE, MD.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 4 September
4. *Place of Birth, (Street and Number)* 133 E. Lombard
5. *Full Name of Mother,* Orientha A mason
6. *Mother's Maiden Name,* Greene
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred A mason
9. *Father's Occupation,* Conductor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 92. E. Lombard street

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

13830

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 4 September
4. *Place of Birth, (Street and Number)* 62 Exeter
5. *Full Name of Mother,* Julia Trautwine
6. *Mother's Maiden Name,* Linch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Trautwine
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 72. E. Lombard street

*Remarks,*

HEALTH DEPARTMENT
SEP 11 19
BALTIMORE MD

Murphy & Co., City Printers and Stationers.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH. 73831

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | Fourth Child. |
| 1. *Sex*, (state whether male or female) | ~~Female~~ Male |
| 2. *Race or Color*, (if not of the white race) | Colored. |
| 3. *Date of Birth* | Sept 4th 1884 |
| 4. *Place of Birth*, (Street and Number) | 166 West Street. |
| 5. *Full Name of Mother*, | Mary Foster. |
| 6. *Mother's Maiden Name*, | Mary Shere. |
| 7. *Mother's Birthplace*, | Baltimore. |
| 8. *Full Name of Father*, | George C Foster. |
| 9. *Father's Occupation*, | Cook |
| 10. *Father's Birthplace*, | Mobile Ala. |
| *Name of Medical Attendant*, or other Person who makes this Return. | Willie Gross |
| *Address*, | No 12 Pleasant alley. |
| *Remarks*, | |

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

73832

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| 1. *Sex, (state whether male or female)* | Little Girl |
| 2. *Race or Color, (if not of the white race)* | White Racl |
| 3. *Date of Birth,* | 4th of September 1884 |
| 4. *Place of Birth, (Street and Number)* | No 8 Payson Baltimore city |
| 5. *Full Name of Mother,* | Mrs. Schannetzki |
| 6. *Mother's Maiden Name,* | Miss Lena Kirki |
| 7. *Mother's Birthplace,* | West Prisian Germany |
| 8. *Full Name of Father,* | Mr. Schannetzki |
| 9. *Father's Occupation,* | Labourer |
| 10. *Father's Birthplace,* | West Prisian Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs. Killer |
| *Address,* | 1017 west Pratt st city |
| *Remarks,* | |

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

73833

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sept 5th 1884 |
| 4. *Place of Birth, (Street and Number)* | E. Lombard St |
| 5. *Full Name of Mother,* | Emma Amerein |
| 6. *Mother's Maiden Name,* | Kammer |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Edwards Amerein |
| 9. *Father's Occupation,* | Baker |
| 10. *Father's Birthplace,* | Hessia Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs K. Mills |
| *Address,* | 48 Holland St |
| *Remarks,* | |

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

over

73831

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE, MD.

Name of child: Anna Regina ~~Schomann~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female)
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, Sept 5/84
4. *Place of Birth*, (Street and Number) # 537 W. Lombard
5. *Full Name of Mother*, Annie R. (~~Thomann~~) Schomann
6. *Mother's Maiden Name*, " " Knell
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Chas. A. (~~Thomann~~) Schomann
9. *Father's Occupation*, Collector Life Ins.
10. *Father's Birthplace*, Baltimore

*Name of Medical Attendant*, or other Person who makes this Return — H. L. Stanton

*Address*, 317 W. Lombard St.

*Remarks*,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter [illegible] shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of [illegible] in the manner, and within the period above [illegible]ified, except in the cases of the births and deaths of [illegible]legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of Sept
4. Place of Birth, (Street and Number) 131 Hyomit St.
5. Full Name of Mother, Josephine Roberts
6. Mother's Maiden Name, " Miskelly
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James Roberts.
9. Father's Occupation, Plasterer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary Walters

Address, 125 N Caroline St.

Remarks,

HEALTH DEPARTMENT SEP 13 1894 BALTIMORE MD

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

7383 b

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, the 5th of September. 1884
4. Place of Birth, (Street and Number) 43 Marion St.
5. Full Name of Mother, Maggie ~~Wmuth~~ Handley.
6. Mother's Maiden Name, Maggie Wmuth.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Amos C. Handley Jr.
9. Father's Occupation, Blacksmith.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Dr. Heldmann.

Address, Susan Hunter

Remarks, 21 No Poppelton St

HEALTH DEPARTMENT SEP 10 1884 BALTIMORE, MD.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the [illegible]er, immediately thereafter it shall become the duty of the p[illegible] or parents of such child, to report its birth to the Com[illegible]ner of Health, in the manner and within the period above [illegible]red, and any such person or persons who shall hereaft[illegible] to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

73837

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 16 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, born September 1st 1884
4. Place of Birth, (Street and Number) No 2 Upton Street
5. Full Name of Mother, Hattie Earles
6. Mother's Maiden Name, Hattie Chamberlain
7. Mother's Birthplace, Easton Tolbut County Md
8. Full Name of Father, William Thomas Earles
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Ann Johnson

Remarks, [illegible]

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or pa[illegible] of such child to report its birth to the Board of H[illegible] in the manner, and within the period above [illegible]ed, except in the cases of the births and deaths of [illegible]timate children, and any person or persons wh[illegible]all hereafter fail to comply with the provisions of this [illegible]ction shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

7383 8

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE, MD.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

*1. Sex* (state whether Male or Female) Female

*2. Race or Color* (if not of the white race)

*3. Date of Birth* Sept 4th 1884

*4. Place of Birth* (Street and Number) 172 North Gay St

*5. Full Name of Mother* Ester Simpson

*6. Mother's Maiden Name* Ester Kelley

*7. Mother's Birthplace* Philadelphia

*8. Full Name of Father* Richard D. Simpson

*9. Father's Occupation* Conductor

*10. Father's Birthplace* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Geo. S. Reynolds

*Address* 171 N. Caret

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the n[illegible] name of the mother of such child or children

# RETURN OF A BIRTH

75839

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, of such child to report its birth to the Board of Health in the manner, and within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

BALTIMORE CITY HEALTH DEPARTMENT SEP 16 1924

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* B

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Col

3. *Date of Birth,* Sept 11/64

4. *Place of Birth, (Street and Number)* 39 Richmond St

5. *Full Name of Mother,* Rinkie Harris

6. *Mother's Maiden Name,* Walker

7. *Mother's Birthplace,* Lynchburg Va

8. *Full Name of Father,* Wilson R. M. Harris

9. *Father's Occupation,* Head Waiter

10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return Mrs Anna Johnson

*Address,* 94 S Lyndon St

*Remarks,*

... CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73840

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE, MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) colord

3. Date of Birth, forth of September

4. Place of Birth, (Street and Number) 4 f Taylor ST

5. Full Name of Mother, Mary E Lee

6. Mother's Maiden Name, Mary E Lee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Brice

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Ann Johnson

Remarks, 911 Taylor

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health in the manner, and within the period above [illegible] all hereafter fail to comply with the provisions of this section shall be subject any person or persons w[illegible] to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

73841

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or p[illegible] of such child to report its birth to the Board of [illegible]. In the manner, and within the period above [illegible]red, except in the cases of the births and deaths of illegitimate children, and any person or persons w[illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
SEP 10 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 3 th 1884.
4. Place of Birth, (Street and Number) 1008 Randall st
5. Full Name of Mother, Mary E. Smith
6. Mother's Maiden Name, Mary E. Foresters
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Smith
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Catherine Horning

Address, No 8 Byrd st.

Remarks,

[illegible], CITY PRINTERS AND STATIONERS.

73812

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
SEP 8 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 5, 1884
4. *Place of Birth, (Street and Number)* N. Caroline St. No 70
5. *Full Name of Mother,* Anna Lothling
6. *Mother's Maiden Name,* Anna Lollkens
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Emil Lothling
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Hanover, N. Preussen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Miller

*Address,* N. Dallas St No 26

*Remarks,*

urphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

73843

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* F.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* ~~26~~ Sept. 5. 1884
4. *Place of Birth, (Street and Number)* 262 German St
5. *Full Name of Mother,* Maria Hubenreth
6. *Mother's Maiden Name,* Easterly
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Albert Hubenreth
9. *Father's Occupation,* Cigar Manufacturer
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other Person who makes this Return — O'Neill

*Address,* 306 N Regester St

*Remarks,*

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | Sept. 5 - 84 |
| 4. *Place of Birth, (Street and Number)* | 32 Druid Hill Av. |
| 5. *Full Name of Mother,* | Mary Ann Elizabeth Finn |
| 6. *Mother's Maiden Name,* | " " " Kearns |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Thomas Francis Finn |
| 9. *Father's Occupation,* | Restaurant |
| *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other Person who makes this Return | P. L. Dandridge |
| *Address,* | 325 E. Baltimore st. |
| *Remarks,* | |

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

73845

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 5th day of September
4. Place of Birth, (Street and Number) No. 49 Union St.
5. Full Name of Mother, Emma K. Herpel
6. Mother's Maiden Name, Emma " Schilling
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Otto Herpel
9. Father's Occupation, China Packer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs W. Mammel

Address, 228 Saratoga St Midwife

Remarks,

HEALTH DEPARTMENT SEP 8 1884 BALTIMORE, MD.

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereof fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

72846

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* sep 5. 1884
4. *Place of Birth, (Street and Number)* 2nd avenue and clinton ~~ed~~ canton no number
5. *Full Name of Mother,* Elizebeth williams
6. *Mother's Maiden Name,* Elizibeth Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick williams
9. *Father's Occupation,* marriner
10. *Father's Birthplace,* vorway

*Name of Medical Attendant,* or other Person who makes this Return. mary conner [illegible]

*Address,* ~~patterson~~ parkavenue

*Remarks,*

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period [illegible]quired, and any such person or persons who shall he[illegible] fail to comply with the provisions of this section, shall be [illegible]d to the fine of ten (10) dollars for each offence to be re[illegible]ed as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

72847

HEALTH DEPARTMENT
SEP 6 1884
BALTIMORE, MD.

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

advise of the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Sept 5th 1884 |
| *4. Place of Birth (Street and Number)* | 444 Fort av |
| *5. Full Name of Mother* | Catherine Hirshberger |
| *6. Mother's Maiden Name* | " Spitler |
| *7. Mother's Birthplace* | Baltimore Md |
| *8. Full Name of Father* | Geo Hirshberger |
| *9. Father's Occupation* | Watchman |
| *10. Father's Birthplace* | Baltimore Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | O. A. Cooke M D. |
| *Address* | 110 Fort av |
| *Remarks* | |

# RETURN OF A BIRTH

73849

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 5th 1884
4. Place of Birth, (Street and Number) No. 50 Randall St.
5. Full Name of Mother, Louise Caffenberger
6. Mother's Maiden Name, Baker
7. Mother's Birthplace, Germany
8. Full Name of Father, John Caffenberger.
9. Father's Occupation, Ingenier
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Schwarzer midwife

Address, 330 Hanover St.

Remarks,

HEALTH DEPARTMENT, SEP 13 1884 BALTIMORE, MD.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of mid[illegible]ry, or should no other person be in attendance upon the [illegible]her, immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Co[illegible]ioner of Health, in the manner and within the period abo[illegible]quired, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

[illegible]n Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH. 73549

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
SEP 11 1884
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth 5 September
4. Place of Birth, (Street and Number) 70 President
5. Full Name of Mother, Mary Baschiupp
6. Mother's Maiden Name, Postler
7. Mother's Birthplace, Italy
8. Full Name of Father, Onofal Baschiupp
9. Father's Occupation, Labourer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72. E. Lombard

Remarks,

John Murphy & Co., City Printers and Stationers.

13850

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT,
SEP 11 1884
BALTIMORE, MD.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 5 September
4. *Place of Birth, (Street and Number)* 56 Saptamber
5. *Full Name of Mother,* Rosa Gilles
6. *Mother's Maiden Name,* Young
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred. Gilles
9. *Father's Occupation,* Stone cutter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 72. E. Lombard street

*Remarks,*

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

ohn Murphy & Co., City Printers and Stationers.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Missing

73851

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 11 1884
BALTIMORE MD

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 5 September
4. *Place of Birth, (Street and Number)* 81 Washington
5. *Full Name of Mother,* Annie Dowm
6. *Mother's Maiden Name,* Rau
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Dowm
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 92. E. Lombard street

*Remarks,*

SECTION 7—And be it further enacted and ordained that the [illegible] person whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by [illegible] Commissioner of Health. In case the third day of each and every month to the Office of the Commissioner of Health. In case the death of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

73813

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 10 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6th 1884
4. *Place of Birth, (Street and Number)* No 26 Barney St
5. *Full Name of Mother,* Mary Baltchner
6. *Mother's Maiden Name,* Mary krauce
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob krauce
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace.* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mary E Anderson

*Address,* No 10 Abys St

*Remarks,*

...born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

any name shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be [redacted] of such child to report its birth to the Board of Health in the manner, and duty of the parent or par[redacted]d, except in the cases of the births and deaths of illegitimate children, and within the period above re[redacted] any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 10 1884
BALTIMORE, MD

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd Child |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 6th of September 1884 |
| 4. *Place of Birth, (Street and Number)* | 55 North Washington Street |
| 5. *Full Name of Mother,* | Emma Carel |
| 6. *Mother's Maiden Name,* | Emma Cuborne |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Cuborne |
| 9. *Father's Occupation,* | Carpenter maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Crescentia Kunkel |
| *Address,* | 77 North Chapel st. per Justina Kunkel |
| *Remarks,* | Healthy |

& CO., CITY PRINTERS AND STATIONERS.

73855

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 8 1884
RECEIVED

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) sixth
3. Date of Birth sixth of September
4. Place of Birth, (Street and Number) Baltimore 247 Penn, St.
5. Full Name of Mother, Caroline Voigt
6. Mother's Maiden Name, Maltrahn
7. Mother's Birthplace, Gistrow of Germany
8. Full Name of Father, Gustav Voigt
9. Father's Occupation, Kabinetmaker
10. Father's Birthplace, Burg of Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs W. Kimmel. Midwife

Address, 228 Saratoga sts.

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

73856

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 17 1884
BALTIMORE MD.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3rd " |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | Sept. 3/84 |
| 4. Place of Birth, (Street and Number) | 203 E. Pratt St. |
| 5. Full Name of Mother, | Kate McCoy |
| 6. Mother's Maiden Name, | " Coob |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Alex. McCoy |
| 9. Father's Occupation, | Engineer |
| 10. Father's Birthplace, | Canada |
| Name of Medical Attendant, or other Person who makes this Return | R. W. Mansfield M.D |
| Address, | 50 S. Broadway |
| Remarks, | |

CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 73857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 17 1884
BALTIMORE, MD.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Sept 5/84 |
| 4. Place of Birth, (Street and Number) | 280 Eastern ave |
| 5. Full Name of Mother, | Amelia Sharpe |
| 6. Mother's Maiden Name, | " Bochm |
| 7. Mother's Birthplace, | Balto. city |
| 8. Full Name of Father, | Henry Sharpe |
| 9. Father's Occupation, | Saloon Keeper |
| 10. Father's Birthplace, | Balto. city |
| Name of Medical Attendant, or other Person who makes this Return | R. W. Mansfield M.D. |
| Address, | 50 So Broadway |
| Remarks, | |

CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7-3858

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 6. 1884
4. *Place of Birth, (Street and Number)* McDonogh St. Nº 309.
5. *Full Name of Mother,* Annie Reynold
6. *Mother's Maiden Name,* Annie Heinhardt
7. *Mother's Birthplace,* Gera K. Sachsen. Germany
8. *Full Name of Father,* Charles Reynold
9. *Father's Occupation,* Tanner
10. *Father's Birthplace,* Balt. City

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Muller

*Address,* N. Dallas St. Nº 26

*Remarks,*

HEALTH DEPARTMENT
SEP 8 1884
BALTIMORE MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 73809

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 8 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 4th. A. D. 1884
4. Place of Birth, (Street and Number) N. Dallas St. No. 18
5. Full Name of Mother, Annie Long
6. Mother's Maiden Name, Annie Snee
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Michael Long
9. Father's Occupation, Machinist
10. Father's Birthplace, Delaware City, U.S.

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address, N. Dallas St. No. 26

Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

73860

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT, SEP 13 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 1st 1884
4. *Place of Birth (Street and Number)* # 177 Chesnut alley
5. *Full Name of Mother* Virginia Briggs
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Westmoreland Co Va
8. *Full Name of Father* Wm Briggs
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Westmoreland Co. Va

*Name of Medical Attendant, or other Person who makes this Return.* Mrs Jane D. Castle

*Address* # 17 Hamilton St Balto Md

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

7 3861

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT, SEP 13 1884 BALTIMORE, MD.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or child

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 6th 1884
4. *Place of Birth (Street and Number)* 161 Pierce St
5. *Full Name of Mother* Anna Neal
6. *Mother's Maiden Name* Anna Covington
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Joseph a Neal
9. *Father's Occupation* ~~Hod~~ Porter
10. *Father's Birthplace* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Jane D. Costa

*Address* # 17 Hamilton St

*Remarks*

73862.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White race. |
| 3. *Date of Birth,* | Sept. 6th 1884. |
| 4. *Place of Birth, (Street and Number)* | No. 99. S. Fremont Str. |
| 5. *Full Name of Mother,* | Anna Kirchner. |
| 6. *Mother's Maiden Name,* | Anna Finke. |
| 7. *Mother's Birthplace,* | Germany. |
| 8. *Full Name of Father,* | Anselm Kirchner. |
| 9. *Father's Occupation,* | Kork maker. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return | Auguste Bosien. |
| *Address,* | Sharp Street. 304 |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73803

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE, MD.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | female. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sep 6th |
| 4. *Place of Birth, (Street and Number)* | 30 Smyth ave. |
| 5. *Full Name of Mother,* | Caroline Lauer. |
| 6. *Mother's Maiden Name,* | Lieb |
| 7. *Mother's Birthplace,* | Balt. |
| 8. *Full Name of Father,* | John Lauer. |
| 9. *Father's Occupation,* | Clerk. |
| 10. *Father's Birthplace,* | Balt. |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr Morgan |
| *Address,* | 119 W Monument st. |
| *Remarks,* | |

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7 3864

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 6th, 1884

4. Place of Birth, (Street and Number) 36 Augusta st.

5. Full Name of Mother, Ellen Myers Bangert

6. Mother's Maiden Name, Lorman

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James Walter Bangert

9. Father's Occupation, Professor of Drawing

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return P. G. Dausch MD

Address, 325 E. Baltimore st.

Remarks,

J. Q. DULANY & CO., CITY PRINTERS AND STATIONERS

73865

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sept 6th 84.
4. *Place of Birth, (Street and Number)* 167 Preston St
5. *Full Name of Mother,* Mary A Marsden.
6. *Mother's Maiden Name,* Mary A Rogers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Marsden
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return Robt. T. Wilson.

*Address,* 146 & 152 Park Ave.

*Remarks.*

...born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

73866

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Collard
3. Date of Birth, September 4th 6
4. Place of Birth, (Street and Number) 1901 Orchard St
5. Full Name of Mother, Mrs Guster Johnson
6. Mother's Maiden Name, Miss Guster Johnson
7. Mother's Birthplace, Chester town
8. Full Name of Father, William Johnson
9. Father's Occupation, drayman
10. Father's Birthplace, Kent County MD

Name of Medical Attendant, or other Person who makes this Return Sarah Duboll

Address, No 9 Jasper St

Remarks,

HEALTH DEPARTMENT
SEP 12 1884
BALTIMORE, MD

Place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 73867

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 11 1884
BALTIMORE, MD.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 6 September
4. *Place of Birth, (Street and Number)* 18 Granby street
5. *Full Name of Mother,* Lizzie Deitz
6. *Mother's Maiden Name,* Lindastued
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John T. Deitz
9. *Father's Occupation,* Taylor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 12 E. Lombard street

*Remarks,*

persons, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

73868

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 11 1884 BALTIMORE, MD.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 6 September
4. *Place of Birth, (Street and Number)* 5 Watson
5. *Full Name of Mother,* Katie Mc. Coluff
6. *Mother's Maiden Name,* Mc. Dowes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Dann Mc. Coluff
9. *Father's Occupation,* Tavern
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 92. E. Lombard street

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 73869

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] shall to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2. Child |
| *1. Sex, (state whether male or female)* | Little Girl |
| *2. Race or Color, (if not of the white race)* | White race |
| *3. Date of Birth,* | 6 of September 1884 |
| *4. Place of Birth, (Street and Number)* | 120 Lemmon Alley |
| *5. Full Name of Mother,* | Mrs Beckert |
| *6. Mother's Maiden Name,* | Miss Kate Vermunden |
| *7. Mother's Birthplace,* | Frankenburg Germany |
| *8. Full Name of Father,* | Mrs Beckert Wertenberg ~~Germany~~ |
| *9. Father's Occupation,* | Laborer |
| *10. Father's Birthplace,* | Wertenberg Germany |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Killer |
| *Address,* | 1017 west Pratt city |
| *Remarks,* | |

urphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

73870

HEALTH DEPARTMENT
SEP 9 1884
BALTIMORE, MD.

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex* (state whether Male or Female) Female.
2. *Race or Color* (if not of the white race) White.
3. *Date of Birth* September 6 1884.
4. *Place of Birth* (Street and Number) No. 517 Eutaw street.
5. *Full Name of Mother* Annie Cross
6. *Mother's Maiden Name* Annie Garner
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Walter Cross
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore city

*Name of Medical Attendant, or other Person who makes this Return.* Geo. A. Elwell M D.

*Address* No. 533 Harford ave

*Remarks* Well developed and apparently healthy.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 73871

To the Office of Registrar of Vital Statistics, Board of Health,

Sept 9th 1884 **BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 6th 1884

4. Place of Birth, (Street and Number) No 49 York street

5. Full Name of Mother, Daisy Malin

6. Mother's Maiden Name, " Dowdy

7. Mother's Birthplace, Accomack Co Va

8. Full Name of Father, Moses Malin

9. Father's Occupation, hard labor

10. Father's Birthplace, Accomack Co Va

Name of Medical Attendant, or other Person who makes this Return mid wife mary S. Downs

Address, No 2 Peach Alley

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

73872

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. *Sex*, (state whether male or female) | Male |
| 2. *Race or Color*, (if not of the white race) | White |
| 3. *Date of Birth* | Sept 7 1884 |
| 4. *Place of Birth*, (Street and Number) | 133 E. Washington St. |
| 5. *Full Name of Mother*, | Mary Louisa Boyd |
| 6. *Mother's Maiden Name*, | " Bowen |
| 7. *Mother's Birthplace*, | Portsmouth Va |
| 8. *Full Name of Father*, | James William Boyd |
| 9. *Father's Occupation*, | Clerk |
| 10. *Father's Birthplace*, | Baltimore |
| *Name of Medical Attendant*, or other Person who makes this Return. | Mrs. Wiley |
| *Address*, | No 12 Patterson Park av |
| *Remarks*, | |

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

73872

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 16 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | Sept 7 1884 |
| 4. *Place of Birth, (Street and Number)* | 133 E. Washington St. |
| 5. *Full Name of Mother,* | Mary Louisa Boyd |
| 6. *Mother's Maiden Name,* | " " Bowen |
| 7. *Mother's Birthplace,* | Portsmouth Va |
| 8. *Full Name of Father,* | James William Boyd |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs L. Wiley |
| *Address,* | No 12 Patterson Park av |
| *Remarks,* | |

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

73873

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 8 1884 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth September 1 1884

4. Place of Birth, (Street and Number) 1434 Eden st

5. Full Name of Mother, Sadie Streett

6. Mother's Maiden Name, Russelbaugh

7. Mother's Birthplace, Balto

8. Full Name of Father, David Streett MD

9. Father's Occupation, Physician

10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other Person who makes this Return. David Streett MD

Address, 1434 Eden st

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

73874

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White race |
| 3. *Date of Birth,* | 7th September 1884. |
| 4. *Place of Birth, (Street and Number)* | No 57. N. High St. |
| 5. *Full Name of Mother,* | Emilie Rebner |
| 6. *Mother's Maiden Name,* | B. Amielie Birger. |
| 7. *Mother's Birthplace,* | Germany. |
| 8. *Full Name of Father,* | Ferdinand Rebner |
| 9. *Father's Occupation,* | Schumaker. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return | Bosien |
| *Address,* | Auguste Bosien |
| *Remarks,* | Scharp. Stt. 304. |

[illegible] between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

23875

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] shall to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 ed Child

*1. Sex, (state whether male or female)* Male

*2. Race or Color, (if not of the white race)*

*3. Date of Birth,* Sept 1 1884

*4. Place of Birth, (Street and Number)* No. 234 Light st

*5. Full Name of Mother,* Elise Dueling

*6. Mother's Maiden Name,* Garlick

*7. Mother's Birthplace,* Germany

*8. Full Name of Father,* Conrad Dueling

*9. Father's Occupation,* Tailor

*10. Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. J. Schaffer midwife

*Address,* 330 Hanover st.

*Remarks,*

SEP 13 1884
BALTIMORE MD.

urphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

7-2876

HEALTH DEPARTMENT
SEP 13 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 7th 1884

4. *Place of Birth, (Street and Number)* No. 17 Butlers alley.

5. *Full Name of Mother,* Mary Fisher

6. *Mother's Maiden Name,* Dettmers

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Friedrich C. Fisher

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. J. Schroeder midwife

*Address,* 330 Hanover st.

*Remarks,*

---

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

73877

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT SEP 15 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 child.

1. *Sex (state whether male or female)* Female.
2. *Race or Color (if not of the white race)* White race.
3. *Date of Birth* 7 of September, 1884.
4. *Place of Birth (Street and Number)* No 30 Union st.
5. *Full Name of Mother* Anna Feil.
6. *Mother's Maiden Name* Anna Bagal.
7. *Mother's Birthplace* in Germany.
8. *Full Name of Father* Franke Feil.
9. *Father's Occupation* a Baker.
10. *Father's Birthplace* in Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Midwife Theresa Gerber

*Address* No 34 Biddle Alley.

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

73878

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~ First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, Sept 7th 1884.
4. Place of Birth, (Street and Number) #110 South Sharp St.
5. Full Name of Mother, Emma Sehrt
6. Mother's Maiden Name, " Merk.
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Herman Sehrt.
9. Father's Occupation, Laborer
10. Father's Birthplace, Hesse - Germany.

Name of Medical Attendant, or other Person who makes this Return Mary Kroh

Address, 328 South Eutaw St.

Remarks, Died Sept 8 - General Debility Balto.

Charles Roncing Undertaker 196 E Balt St

Balto Cemetery Sept 7/84

HEALTH DEPARTMENT SEP 9 1884 BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or person[illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten doll[illegible] each offence, to be recovered as other fines and pen[illegible] are recoverable.

, CITY PRINTERS AND STATIONERS.

73879

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth,* | 8th of September |
| 4. *Place of Birth, (Street and Number)* | Burough St No 4. |
| 5. *Full Name of Mother,* | Madilda Greiling |
| 6. *Mother's Maiden Name,* | Madilda Schwanke |
| 7. *Mother's Birthplace,* | Coppe in West Preausen Germany |
| 8. *Full Name of Father,* | August Greiling |
| 9. *Father's Occupation,* | White Lead Factory |
| 10. *Father's Birthplace,* | Lubch West Preausen |
| *Name of Medical Attendant,* or other Person who makes this Return | Lizzie Shaffler |
| *Address,* | Corner Forth Ave Towson Md |
| *Remarks,* | |

...DEPARTMENT, SEP 13 1884 BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and pen[illegible] are recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7388

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

BALTIMORE DEPARTMENT, SEP 9 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8th 1884
4. *Place of Birth, (Street and Number)* 565 Druid Hill Ave
5. *Full Name of Mother,* Maggie Shryock
6. *Mother's Maiden Name,* Torney
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* R. Fuller Shryock
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other Person who makes this Return Chas E Sadler MD

*Address,* Cor Druid Hill Ave & Hoover

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 73881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 15 1894
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, sept 8 th 1894

4. Place of Birth, (Street and Number) 172 Wayne st

5. Full Name of Mother, Mary Richson

6. Mother's Maiden Name, Mary peal

7. Mother's Birthplace, West river

8. Full Name of Father, John peal

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Scholatte Williams

Address. 164 S howard st

Remarks. five dollars'

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT,
SEP 15 1884
BALTIMORE MD.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 8 6 A M 1884
4. Place of Birth, (Street and Number) 110 Townsend St.
5. Full Name of Mother, Teresa R Eldridge
6. Mother's Maiden Name, Sarah Peters Barney
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, John Summers Eldridge
9. Father's Occupation, Mariner
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other Person who makes this Return James E Melville MD

Address. 197 E Baltimore St.

Remarks,

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | September 8 |
| 4. *Place of Birth, (Street and Number)* | 111 Saratoga St |
| 5. *Full Name of Mother,* | Carlien Henrietta Schmidt |
| 6. *Mother's Maiden Name,* | Carlien Henrietta Feast |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William G Schmidt |
| 9. *Father's Occupation,* | Driver & Penny |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | M. Maennel. Midwife |
| *Address,* | 228 Saratoga str |
| *Remarks,* | |

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered ... other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

73 882

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 16 1884 BALTIMORE, MD.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth* September the 8th
4. *Place of Birth, (Street and Number)* Baltimore randle st No 34
5. *Full Name of Mother,* Glen raysinger
6. *Mother's Maiden Name,* wiestman
7. *Mother's Birthplace,* Calverd Co Md
8. *Full Name of Father,* John H raysinger
9. *Father's Occupation,* Mechinest
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Elisabeth Hathorn

*Address,* william st No 374

*Remarks,*

Birth or any child shall occur without the attendance of a Physician or practitioner of and whery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

7288

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT,
SEP 16 1884
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sept 8th 1884 |
| 4. *Place of Birth, (Street and Number)* | 698 Saratoga st. |
| 5. *Full Name of Mother,* | Cathern. E. Hook. |
| 6. *Mother's Maiden Name,* | Cathern E Walsh. |
| 7. *Mother's Birthplace,* | Balto City. |
| 8. *Full Name of Father,* | Oscar Hooks. |
| 9. *Father's Occupation,* | Mill Wright. |
| 10. *Father's Birthplace,* | Balto City. |
| *Name of Medical Attendant,* or other Person who makes this Return | John A Pennington M.D. |
| *Address,* | 134 N Carrollton Av |
| *Remarks,* | |

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

73886

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Jewish
3. *Date of Birth,* Sept. 8th 84
4. *Place of Birth, (Street and Number)* Law St. No 124
5. *Full Name of Mother,* Fannie Brown
6. *Mother's Maiden Name,* " " Sheck
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Herman Brown
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Poland

*Name of Medical Attendant,* or other Person who makes this Return. Mrs R. Ullig

*Address,* 48 Holland St

*Remarks,*

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recov[illegible] other fines and forfeitures are recoverable.

[illegible]y & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

73887

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT, SEP 11 1884 BALTIMORE, MD.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Sept. 8/84 |
| *4. Place of Birth (Street and Number)* | 24 E. Townsend St. |
| *5. Full Name of Mother* | Isabella L Wroth |
| *6. Mother's Maiden Name* | " Hammill |
| *7. Mother's Birthplace* | " Balto. Md. |
| *8. Full Name of Father* | Henry A. Wroth |
| *9. Father's Occupation* | Asst. Sec'l Com'r & Loan Exchange |
| *10. Father's Birthplace* | Balto, Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm. B. Ridley |
| *Address* | 195 N. Fremont St. |
| *Remarks* | |

Dead 73888

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Harry Clay Hoffman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 8 - 1884
4. Place of Birth, (Street and Number) N 754 South Charles St
5. Full Name of Mother, Mary Hoffman
6. Mother's Maiden Name, Mary (~~Devine~~) Donovan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Henry Hoffman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, N 658 S. Charles St

Remarks,

DEPARTMENT SEP 11 1884 BALTIMORE, MD.

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and residence of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

73889

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BALTIMORE, MD. SEP 9 1884

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* ..... White
3. *Date of Birth,* ..... [illegible]
4. *Place of Birth, (Street and Number)* ..... No. 277 [illegible]
5. *Full Name of Mother,* ..... [illegible]
6. *Mother's Maiden Name,* ..... [illegible]
7. *Mother's Birthplace,* ..... [illegible]
8. *Full Name of Father,* ..... [illegible]
9. *Father's Occupation,* ..... [illegible]
10. *Father's Birthplace,* ..... Baltimore

*Name of Medical Attendant,* or other Person who makes this Return ..... [illegible]

*Address,* ..... No. 173 [illegible]

*Remarks,* ..... [illegible]

1884

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

73890

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, SEP 21 1884

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 9th 1884
4. *Place of Birth, (Street and Number)* No. 167 Johnson Pl
5. *Full Name of Mother,* Linna J. Miller
6. *Mother's Maiden Name,* Meyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry J. Miller
9. *Father's Occupation,* Turner
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. J. Schwaner midwife

*Address,* 330 Hanover st.

*Remarks,*

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

7 3891

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, sept 9 th 1884

4. Place of Birth, (Street and Number) 8 Wayne st

5. Full Name of Mother, Grady turner

6. Mother's Maiden Name, Grasly Hill

7. Mother's Birthplace, Calvert county

8. Full Name of Father, Nat turner

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary ann dorsey

Address, 64 Elbow lane

Remarks, five dollars

of the parents, and the maiden name of the mother of such child or children."

J. DULANY & CO., CITY PRINTERS AND STATIONERS

73892

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 16 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 9/84
4. *Place of Birth, (Street and Number)* # 50 Barre d
5. *Full Name of Mother,* Francis E. Chany
6. *Mother's Maiden Name,* " " Sellman
7. *Mother's Birthplace,* Jamsville Fred^k Co. Md
8. *Full Name of Father,* Jno T. Chany
9. *Father's Occupation,* Fireman B&O R.R.
10. *Father's Birthplace,* Plane No 4 Fred^k Co Md

*Name of Medical Attendant,* or other Person who makes this Return A. L. Blair Md

*Address,* 307 W. Lombard

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons [illegible]hall hereafter fail to comply with the provisions of [illegible]ction shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penalt[illegible]e recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 9. 1884 |
| 4. *Place of Birth, (Street and Number)* | No 10 Hull St |
| 5. *Full Name of Mother,* | Wilhelmina Knaus |
| 6. *Mother's Maiden Name,* | Wilhelmina Lindner |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Louis Knaus |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Maggie Etter |
| *Address,* | No 13 Cuba St |
| *Remarks,* | Locust Point |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...S, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 73894

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 13 1884 BALTIMORE

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th child

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* September 9. 1884
4. *Place of Birth, (Street and Number)* 241 Eastern avenue
5. *Full Name of Mother* Ewa Katonynisska
6. *Mother's Maiden Name* Ewa Kolesitky
7. *Mother's Birthplace* Polish
8. *Full Name of Father* Joseph Katonynisska
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Polish

*Name of Medical Attendant, or other Person who makes this Return.* No Doctor

*Address*

*Remarks*

John Brown 224 S. Bethel St

Alphonsus Graveyard

# RETURN OF A BIRTH

7895

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered ... other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

HEALTH DEPARTMENT SEP 11 1884 BALTIMORE MD.

3. Date of Birth, Sept 9th 1884

4. Place of Birth, (Street and Number) No 91 Randall st

5. Full Name of Mother, Maggie Rossetter

6. Mother's Maiden Name, Maggie Murphy

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Rossetter

9. Father's Occupation, Store Keeper

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. E. Hinton

Address, No 658 S Charles st

Remarks,

rphy & Co., City Printers and Stationers.

73896

# RETURN OF A BIRTH

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 11 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 9 0 '84
4. *Place of Birth, (Street and Number)* 80 Little Lead St.
5. *Full Name of Mother,* Susan McGuire
6. *Mother's Maiden Name,* " O'Neill
7. *Mother's Birthplace,* U. S.
8. *Full Name of Father,* Edward McGuire
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* U. S.

*Name of Medical Attendant,* or other Person who makes this Return. Dr. Burton Brune Med.

*Address,* 365 N. Charles St.

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

PIET, PRINTER & STATIONER, BALT.

73897

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* September 10

4. *Place of Birth, (Street and Number)* Baltimore Co.

5. *Full Name of Mother,* Frances Kidwell

6. *Mother's Maiden Name,* Frances Faunce

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* James Kidwell

9. *Father's Occupation,* Laborer

10. *Father's Birthplace,* Washington D. C.

*Name of Medical Attendant,* or other Person who makes this Return Mrs M. Shaffer

*Address,* 114 Ridgley st

*Remarks,*

HEALTH DEPARTMENT, SEP 16 1884 BALTIMORE, MD.

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 72898

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 17 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth / the

1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth sept 10th
4. Place of Birth, (Street and Number) 692 light street
5. Full Name of Mother Sarah Elisabeth timanus
6. Mother's Maiden Name Sarah Elisabeth King
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob timanus
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs Elisabeth Donaldson

Address no 10 barney st

Remarks the child is doing well but the mother is laboring under malarain

73899

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10th 1884
4. Place of Birth, (Street and Number) 5681 Corpath
5. Full Name of Mother, Elizabeth Simmons
6. Mother's Maiden Name, n Shepard
7. Mother's Birthplace, Caty
8. Full Name of Father, David Simmons
9. Father's Occupation, Laborer
10. Father's Birthplace, Caty

Name of Medical Attendant, or other Person who makes this Return Jno D Blake Md

Address,

Remarks,

HEALTH DEPARTMENT SEP 17 1884 BALTIMORE MD

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars which offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sept 10th 1884. |
| 4. *Place of Birth, (Street and Number)* | 29 N Shroeder st. |
| 5. *Full Name of Mother,* | Alverta E Kent. |
| 6. *Mother's Maiden Name,* | Alverta E Pierpont. |
| 7. *Mother's Birthplace,* | Balto City. |
| 8. *Full Name of Father,* | Chas B Kent. |
| 9. *Father's Occupation,* | Machinest. |
| 10. *Father's Birthplace,* | Balto City. |
| *Name of Medical Attendant,* or other Person who makes this Return | John L Pennington M D. |
| *Address,* | 184 N Carrollton Av. |
| *Remarks,* | |

HEALTH DEPARTMENT, SEP 16 1884 BALTIMORE, MD.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

43901

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 11 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 10 1884 |
| 4. *Place of Birth, (Street and Number)* | No 12 Nickelson |
| 5. *Full Name of Mother,* | Kate Kehmsmanne |
| 6. *Mother's Maiden Name,* | Kate Barbarn |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Bernett Kehmsmanne |
| 9. *Father's Occupation,* | Cigar Maker |
| 10. *Father's Birthplace,* | Germa |
| *Name of Medical Attendant,* or other Person who makes this Return | Maggie Ettel |
| *Address,* | No 13 Cuba St |
| *Remarks,* | |

...certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person ... within the period above ... any person or persons ... to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73902

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 16 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* Sept. 10 1884
4. *Place of Birth, (Street and Number)* 114 Shields alley
5. *Full Name of Mother,* Martha Warren
6. *Mother's Maiden Name,* Ellis
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* Earnest Warren
9. *Father's Occupation,* Lab.
10. *Father's Birthplace,* Hallifax Co. Va.

*Name of Medical Attendant,* or other Person who makes this Return W. Gray Smith

*Address,* 229 Townsend St.

*Remarks,*

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 72903

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)* _____

1. *Sex (state whether ~~male or~~ female)* _____
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 10th 1884.
4. *Place of Birth, (Street and Number)* 165 S. Broadway
5. *Full Name of Mother* Margaret Ann Gleisner
6. *Mother's Maiden Name* Margaret A. Becker
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* John Gleisner. GLEISNER
9. *Father's Occupation* Jeweler
10. *Father's Birthplace* Baltimore City Md.

*Name of Medical Attendant,* or other Person who makes this Return. Nicholas L. Dashiell Sr.

*Address* 207 S. Broadway.

*Remarks* _____

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 73904

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 15 1904 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* September 10 1884
4. *Place of Birth, (Street and Number)* entaw street no 241
5. *Full Name of Mother,* maryagnes Wises
6. *Mother's Maiden Name,* Maryagnes Queen
7. *Mother's Birthplace,* prince garges county Md
8. *Full Name of Father,* obedive Wises
9. *Father's Occupation,* Winton ieng foundrey
10. *Father's Birthplace,* lot sargain

*Name of Medical Attendant,* or other Person who makes this Return Mary Queen

*Address,* no 4 readnan Court Baltimore

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

1905

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* Sept-10-1884

4. *Place of Birth* (Street and Number) 457 Lexington St.

5. *Full Name of Mother* Susan Silvers Litz

6. *Mother's Maiden Name* Susan Silvers Carr

7. *Mother's Birthplace* Harford Co-

8. *Full Name of Father* George Marbury Montgomery Litz

9 *Father's Occupation* Laborer

10. *Father's Birthplace* Balto. City

*Name of Medical Attendant or other Person who makes this Return.* Dr. Jordan

*Address* 632 Lexington St

*Remarks*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

73906

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 10th 84
4. Place of Birth, (Street and Number) Forrest St. 198
5. Full Name of Mother, Anna Dorothea Berner
6. Mother's Maiden Name, " " Stirbe
7. Mother's Birthplace, Hanover
8. Full Name of Father, Ehrhard Gotlieb Berner
9. Father's Occupation, Tanner
10. Father's Birthplace, Hanover

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ullig

Address, 48 Holland St.

Remarks,

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

73907

# RETURN OF A BIRTH

**ffice of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT, SEP 14 1884 BALTIMORE, MD.

| | |
|---|---|
| *d of Mother, (state whether 1st, 2d, 3d, &c.)* | ~~10~~ 4 Child ~~Sep~~ |
| *te whether male or female)* | male |
| *Color, (if not of the white race)* | ~~whight~~ White |
| *Birth,* | 10 Sept |
| *Birth, (Street and Number)* | No 1 Clarkson alley |
| *me of Mother,* | Mrs Lena Lettau |
| *Maiden Name,* | Mrs Lena Schadel |
| *Birthplace,* | Baltimore Md |
| *me of Father,* | Bernhardt A. Lettau |
| *Occupation,* | Shoemaker |
| *Birthplace,* | Germany |
| *f Medical Attendant,* or other Person who makes this Return | Pursey |
| | Auguste Bosien |
| *s,* | Schaefer Street & Oy |

# RETURN OF A BIRTH

75908

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 14 1884
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Irish
3. Date of Birth, 10 September
4. Place of Birth, (Street and Number) 3 Lexington Street
5. Full Name of Mother, Mrs Bridget McNamara
6. Mother's Maiden Name, Bridget Burke
7. Mother's Birthplace, Ireland
8. Full Name of Father, James McNamara
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Wooden

Address, 120 Government Ave

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 13909

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 14 1884
BALTIMORE MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* Wednesday 10
4. *Place of Birth, (Street and Number)* No 20 bethel st
5. *Full Name of Mother,* Jane Snotden
6. *Mother's Maiden Name,* Jane Jones
7. *Mother's Birthplace,* Dorchester County
8. *Full Name of Father,* albert Snotden
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* Baltimore County

*Name of Medical Attendant,* or other Person who makes this Return. Baker Walker

*Address,*

*Remarks,* Sick

...ny & Co., City Printers and Stationers.

# RETURN OF A BIRTH

12910

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 ed Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 20 1884

4. *Place of Birth, (Street and Number)* No 266 Hanover st

5. *Full Name of Mother,* Elise Ulrich

6. *Mother's Maiden Name,* Brandt

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Frank Ulrich

9. *Father's Occupation,* Glassblower

10. *Father's Birthplace,* America

*Name of Medical Attendant,* or other Person who makes this Return. J. Lohmann midwife

*Address,* 330 Hanover st

*Remarks,*

HEALTH DEPARTMENT
SEP 13 1884
BALTIMORE MD.

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

72911

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 17 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sept. 10/84 |
| 4. *Place of Birth, (Street and Number)* | 32 N. Ann St. |
| 5. *Full Name of Mother,* | Alice Carew |
| 6. *Mother's Maiden Name,* | Alice Ford |
| 7. *Mother's Birthplace,* | Somerset Co. Md. |
| 8. *Full Name of Father,* | J. W. Carew |
| 9. *Father's Occupation,* | Mariner |
| 10. *Father's Birthplace,* | Somerset Co. Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | R. W. Mansfield M. D. |
| *Address,* | 50 S Broadway |
| *Remarks,* | |

...ITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7 3912

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 17 1884
BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White ~~10 Sept 1884~~ |
| 3. *Date of Birth,* | 16 Sept 1884 |
| 4. *Place of Birth, (Street and Number)* | 197 S. Stricker |
| 5. *Full Name of Mother,* | Annie M. Stube |
| 6. *Mother's Maiden Name,* | Doherty |
| 7. *Mother's Birthplace,* | Richmond Va. |
| 8. *Full Name of Father,* | Daniel F. Stube |
| 9. *Father's Occupation,* | Hunter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | J Am Hood |
| *Address,* | 594 W. Fayette |
| *Remarks,* | Farm Trader |

...TY PRINTERS AND STATIONERS

73912

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 13 1884
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | Septem. 10 1884 |
| 4. *Place of Birth, (Street and Number)* | 95 North St |
| 5. *Full Name of Mother,* | Mary Watson |
| 6. *Mother's Maiden Name,* | " Pierce |
| 7. *Mother's Birthplace,* | New Jersey |
| 8. *Full Name of Father,* | Peter Watson |
| 9. *Father's Occupation,* | Wheelwright |
| 10. *Father's Birthplace,* | Penna. |
| *Name of Medical Attendant,* or other Person who makes this Return. | D. Stott MD |
| *Address,* | 143 N Exeter St |
| *Remarks,* | |

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

73914

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Septr. 10. 1884.
4. Place of Birth, (Street and Number) 223 Dolphin
5. Full Name of Mother, Missouri Hammet
6. Mother's Maiden Name, Little
7. Mother's Birthplace, Carroll Co Md.
8. Full Name of Father, Jas. R Hammet
9. Father's Occupation, Conductor N. C. R. W.
10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M.D.

Address, 506 Mad. Ave.

Remarks,

HEALTH DEPARTMENT, SEP 11 1884 BALTIMORE CO.

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

ITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73915

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 11 1884
4. *Place of Birth, (Street and Number)* No 339 W Mulberry St
5. *Full Name of Mother,* Gertrude Hesmary
6. *Mother's Maiden Name,* Gertrude Dietrich
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Martin J Hesmary
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return. Susan Hunter

*Address,* 21 No Poppelton St

*Remarks,*

HEALTH DEPARTMENT
SEP 17 1884
BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

73916

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 11/84
4. *Place of Birth, (Street and Number)* 46 Barre St
5. *Full Name of Mother,* Minnie Eidman
6. *Mother's Maiden Name,* " Kranz
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jno Eidman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return Jno D Blake Md

*Address,* 158 S Paca St

*Remarks,*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7 3917

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 11. 1884 |
| 4. *Place of Birth, (Street and Number)* | 16 Elliny st |
| 5. *Full Name of Mother,* | Mary Davis |
| 6. *Mother's Maiden Name,* | Mary Whalen |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | William Davis |
| 9. *Father's Occupation,* | Plasterer |
| *Father's Birthplace,* | Wales |
| *Name of Medical Attendant,* or other Person who makes this Return | A. Tinsley M.D. |
| *Address,* | 386 Druid Hill Ave |
| *Remarks,* | |

SEP 12 1884

BALTIMORE MD

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

13918

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 15 1894

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 Sept 1894
4. Place of Birth, (Street and Number) 42 S Green St
5. Full Name of Mother, Hannah Katzenberger
6. Mother's Maiden Name, Hannah Berner
7. Mother's Birthplace, Germany
8. Full Name of Father, Mayer Katzenberger
9. Father's Occupation, Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return A R Amoss M D

Address,

Remarks,

place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or [illegible] of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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# RETURN OF A BIRTH 7719

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 17 1884
BALTIMORE, MD.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3rd |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | Sept 11/84 |
| 4. Place of Birth, (Street and Number) | 101 N. Broadway |
| 5. Full Name of Mother, | Emma E. Heddinger |
| 6. Mother's Maiden Name, | " " Booz |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | D. B. Heddinger |
| 9. Father's Occupation, | Clerk |
| Father's Birthplace, | Philadelphia |
| Name of Medical Attendant, or other Person who makes this Return | R. W. Mansfield M. D. |
| Address, | 50 So. Broadway |
| Remarks, | |

Birth, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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# RETURN OF A BIRTH.

13910

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth (6th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth Thursday Sept 11th 94
4. Place of Birth, (Street and Number) 68 Holliday St
5. Full Name of Mother, Mary Chapman
6. Mother's Maiden Name, Mary Black
7. Mother's Birthplace, Virginia
8. Full Name of Father, Robert Chapman
9. Father's Occupation, Hostler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Elizabeth M. D.

Address, 5-1 N Calvert St

Remarks,

parents, the date and place of birth, and the said certificate shall be delivered by the [illegible] certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

1392 1

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th Child

1. *Sex, (state whether male or female)* Little Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* 11 of September 1884
4. *Place of Birth, (Street and Number)* No 17 Monroe st city
5. *Full Name of Mother,* Mrs Guinen
6. *Mother's Maiden Name,* Miss Burk
7. *Mother's Birthplace,* Born in Prana
8. *Full Name of Father,* Mr Louie Guinen
9. *Father's Occupation,* Butiner Steward
10. *Father's Birthplace,* Born in Prana

*Name of Medical Attendant,* or other Person who makes this Return. Mrs Killer

*Address,* 1017 west Pratt st City

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

73922

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 16 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1. Child |
| 1. *Sex, (state whether male or female)* | Little Boy |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth,* | 11 of September 1884 |
| 4. *Place of Birth, (Street and Number)* | 1866 Monroe st city |
| 5. *Full Name of Mother,* | Mrs. Doringer |
| 6. *Mother's Maiden Name,* | Miss Ulich |
| 7. *Mother's Birthplace,* | Born in Baltimore city |
| 8. *Full Name of Father,* | Mr Doringer |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Born in Baltimore city |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Killer |
| *Address,* | 1017 West Pratt st city |
| *Remarks,* | |

certificate between the first and third day of each and every month to the office of the Commissioner of Health. The fact of the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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73923

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 1 1884 BALTIMORE

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Cold
3. *Date of Birth* Thursday Sept 11th 84
4. *Place of Birth, (Street and Number)* No 1 New Church St
5. *Full Name of Mother,* Lillie Davenport
6. *Mother's Maiden Name,* Lillie Smith
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Lewis H, Davenport
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other Person who makes this Return. E. Welch M.D.

*Address,* 51 N Calvert St

*Remarks,* Baltimore Md

parents, the date and place of birth, and the said [illegible] shall be delivered, duly signed by the [illegible] to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereby fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

73924

HEALTH DEPARTMENT, SEP 13 1884 BALTIMORE, MD.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 11 1884
4. *Place of Birth, (Street and Number)* No 510 Light St.
5. *Full Name of Mother,* Mary Gorh
6. *Mother's Maiden Name,* Appel
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Gorh
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* America

*Name of Medical Attendant,* or other Person who makes this Return. J. Schwasser midwife

*Address,* 330 Hanover St.

*Remarks,*

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offence to be recov[illegible] other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

73925

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 12th 1884
4. *Place of Birth, (Street and Number)* 128 Columbia Avenue
5. *Full Name of Mother,* Sarah Annie McWilliams
6. *Mother's Maiden Name,* Sarah Annie Weidner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Henry McWilliams
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Susan Hunter

*Address,* 21 No Poppelton St

*Remarks,*

HEALTH DEPARTMENT, SEP 17 1884 BALTIMORE, MD.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offence to be recove[illegible] other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

73926

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Sept. 12th 84.

4. Place of Birth, (Street and Number) S'ann St. No 37

5. Full Name of Mother, Celia Kettmiller

6. Mother's Maiden Name, " Alloway

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Henry Kettmiller

9. Father's Occupation, Machinist

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Tilley

Address, 48 Holland St

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered before any other fines and forfeitures are recoverable.

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73927

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of September
4. *Place of Birth, (Street and Number)* No 119 Christ alley
5. *Full Name of Mother,* Mary Stummer
6. *Mother's Maiden Name,* Mary Schaffer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Stummer
9. *Father's Occupation,* Ba Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sabina Greshaber

*Address,* No 108 West St

*Remarks,* .....

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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73928

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of September 1884
4. *Place of Birth, (Street and Number)* No 364 Light St
5. *Full Name of Mother,* Lina Rudolph
6. *Mother's Maiden Name,* Lina Eliz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Rudolph
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sabina Greshaber

*Address,* No 120 West St

*Remarks,*

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recoverable, as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

7399

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 13 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) .....

3. Date of Birth, Sept 12th, 1884

4. Place of Birth, (Street and Number) 243 W Pratt St

5. Full Name of Mother, Sarah Weis

6. Mother's Maiden Name, " Schlips

7. Mother's Birthplace, Germany

8. Full Name of Father, Reuben Weis

9. Father's Occupation, .....

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. John Morris M.D.

Address, 5 Franklin St

Remarks, .....

.....

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

73930

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether ~~male or female~~) .....

2. Race or Color, (if not of the white race) White

3. Date of Birth, September the 12, 1884

4. Place of Birth, (Street and Number) Holland St. No 5.

5. Full Name of Mother, Barbara Meyer

6. Mother's Maiden Name, Barbara Hildwein

7. Mother's Birthplace, Balto City

8. Full Name of Father, John Meyer

9. Father's Occupation, Cigarette Maker

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N Dallas St No 26

Remarks, .....

HEALTH DEPARTMENT, SEP 13 1884 BALTIMORE, MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

12931

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT SEP 15 1884 BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th Child.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 13th of September 1884.
4. *Place of Birth, (Street and Number)* 73 Chew Street.
5. *Full Name of Mother,* Ida Keisler.
6. *Mother's Maiden Name,* Ida Mccurdy.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* James R. Mccurdy.
9. *Father's Occupation,* Carpenter.
10. *Father's Birthplace,* Washington.

*Name of Medical Attendant,* or other Person who makes this Return Crescentia Kunkel.

*Address,* 71 North Chapel Street per Justina Kunkel.

*Remarks,* Healthy.

...., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73932

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether ~~male or female~~) .....

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 4th 13, 1884

4. Place of Birth, (Street and Number) E. Madison St. No. 187

5. Full Name of Mother, Annie Limrod

6. Mother's Maiden Name, Annie Knöpp

7. Mother's Birthplace, Balt^re City

8. Full Name of Father, Wilhelm Limrod

9. Father's Occupation, Taylor

10. Father's Birthplace, Wilhelmshöhe, Kr. Cassel, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, 4 Dallas St. No. 26

Remarks, .....

HEALTH DEPARTMENT SEP 13 1884 BALTIMORE, MD.

Certificate of the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

7293 2

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE MD.

N[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Mail

2. Race or Color, (if not of the white race) Dark Brown skin

3. Date of Birth, Sept 13 1884

4. Place of Birth, (Street and Number) 77 Arch St

5. Full Name of Mother Mary Williams

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Unknown

9. Father's Occupation,

1[illegible] Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return Harriet Hammond

Address, No 65 Arch St Baltimore Md

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

73934

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 16 1884 BALTIMORE, MD.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 13th Sept 1884
4. Place of Birth (Street and Number) # 684 Penn. Ave.
5. Full Name of Mother Rosea Johnston.
6. Mother's Maiden Name " Metzger.
7. Mother's Birthplace Washington D. C.
8. Full Name of Father John H. Johnston.
9. Father's Occupation Arab.
10. Father's Birthplace Va.

Name of Medical Attendant, or other Person who makes this Return. John H. Walker, M. D.

Address # 330 Lanvale St Balto. Md.

Remarks Was paid Cash on delivery.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

73935

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 16 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 13 September
4. *Place of Birth, (Street and Number)* 45 Rodney st
5. *Full Name of Mother,* Annie Ash
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Liberty Virginia
8. *Full Name of Father,* Thos W. Ash
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Anne Johnson

*Remarks,* 9 N Y Tyson st

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]red, except in the cases of the births and deaths of [illegible]timate children, and any person or persons w[illegible]ll hereafter fail to comply with the provisions of th[illegible]tion shall be subject to a fine of ten dollars t[illegible]ch offence, to be recovered as other fines and penalties [illegible]e recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 73936

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT SEP 17 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Cold
3. Date of Birth, 13th Sept. 1884
4. Place of Birth, (Street and Number) 47 Elbow Lane
5. Full Name of Mother, Rosina Reed
6. Mother's Maiden Name, Risina Reed
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Allen Grey
9. Father's Occupation, Laborer
10. Father's Birthplace, Salisbury, Md.

Name of Medical Attendant, or other Person who makes this Return R. C. Smith, M.D.

Address, #106 Columb. Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

73937

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 17 1884
BALTIMORE, MD

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | september 13 th 1884 |
| 4. *Place of Birth, (Street and Number)* | no 172 S howard st |
| 5. *Full Name of Mother,* | Annie Nowel |
| 6. *Mother's Maiden Name,* | Annie wilson |
| 7. *Mother's Birthplace,* | Northampton Va |
| 8. *Full Name of Father,* | George Nowell |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | North carolina |
| *Name of Medical Attendant,* or other Person who makes this Return. | Scholattie Williams |
| *Address,* | 164 S howard st |
| *Remarks,* | five dollars |

duce upon the mother, immediately hereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

o., City Printers and Stationers.

73938

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, sept 13 1884
4. Place of Birth, (Street and Number) 12 boyer st ea
5. Full Name of Mother, kate brown
6. Mother's Maiden Name, kate sloan
7. Mother's Birthplace, ireland
8. Full Name of Father, john brown
9. Father's Occupation, wrecker
10. Father's Birthplace, poru

Name of Medical Attendant, or other Person who makes this Return. mary conner 171

Address, patterson park avenue

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

7399

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP 13 1884
BALTIMORE, MD.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* - 6th

1. *Sex (state whether Male or Female)* - Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 13/84
4. *Place of Birth (Street and Number)* 137 N Gay St
5. *Full Name of Mother* Julia Windesheim,
6. *Mother's Maiden Name* not known
7. *Mother's Birthplace* Germany,
8. *Full Name of Father* Henry Windesheim,
9. *Father's Occupation* Merchant,
10. *Father's Birthplace* Germany,

*Name of Medical Attendant,* or other Person who makes this Return. D. V. Chambers

*Address* 133 N Eutaw St Balto,

*Remarks*

# RETURN OF A BIRTH 73940

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 17 1884
BALTIMORE, MD.

| | |
|---|---|
| [illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Sept: 14th |
| 4. Place of Birth, (Street and Number) | No. 589 Druid Hill Ave |
| 5. Full Name of Mother, | Maud Miller |
| 6. Mother's Maiden Name, | Maud Sweeney |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Wm. K. Miller |
| 9. Father's Occupation, | Butcher |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return | H. Jenkins |
| Address, | No. 2 Cathedral St. |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

13941

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 14, 1882
4. *Place of Birth, (Street and Number)* Spring St. No 140½
5. *Full Name of Mother,* Josephine Jäger
6. *Mother's Maiden Name,* Josephine Gehlersch
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Georg Jager
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other Person who makes this Return. Harry E. Miller

*Address,* N. Dallas St. No 26

*Remarks,*

HEALTH DEPARTMENT
SEP 17 1884
BALTIMORE MD

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 72942

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 17 1884 BALTIMORE, MD.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 14 – 1884.
4. Place of Birth, (Street and Number) 15. Ramsey st.
5. Full Name of Mother, Johanna Rau
6. Mother's Maiden Name, Johanna Grunewald
7. Mother's Birthplace, Germany
8. Full Name of Father, August Rau
9. Father's Occupation, Bon maker
10. Father's Birthplace. Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Kunigunda Schlifer

Address, 20 Columbia to.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

HEALTH DEPARTMENT, SEP 17 1884 BALTIMORE, MD.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

73944

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 September 1884
4. *Place of Birth, (Street and Number)* No 49 N Wolf St
5. *Full Name of Mother,* Sopha Joprey
6. *Mother's Maiden Name,* Sopha Rayner
7. *Mother's Birthplace,* Germany Joprey
8. *Full Name of Father,* Ernlers Joprey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary Koftish

*Address,* 69 N Washington St

*Remarks,* Mary Koftish

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recoverable, as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

13945

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th Child |
| *1. Sex, (state whether male or female)* | Little Girl |
| *2. Race or Color, (if not of the white race)* | White Race |
| *3. Date of Birth,* | 14 of September 1884 |
| *4. Place of Birth, (Street and Number)* | No 6 Brown Lane city |
| *5. Full Name of Mother,* | Mrs Bailey |
| *6. Mother's Maiden Name,* | Mair Carry Runnally |
| *7. Mother's Birthplace,* | Richmond Va |
| *8. Full Name of Father,* | Mr Bailey |
| *9. Father's Occupation,* | Beef Butcher |
| *10. Father's Birthplace,* | Richmond Va |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs Killer |
| *Address,* | 1017 west Pratt st city |
| *Remarks,* | |

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 73946

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 16 1934
BALTIMORE, MD.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4 |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | Col. |
| 3. Date of Birth, | Sept. 14, 1884 |
| 4. Place of Birth, (Street and Number) | 114 Wells alley |
| 5. Full Name of Mother, | Eliza Barnes |
| 6. Mother's Maiden Name, | Johnson |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Charlie Barnes |
| 9. Father's Occupation, | Coachman |
| 10. Father's Birthplace, | Baltimore County Md. |
| Name of Medical Attendant, or other Person who makes this Return | M. Gray Brent M.D. |
| Address, | 229 Townsend St. |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

KOLLMYER & CO., CITY PRINTERS AND STATIONERS

73947

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 19 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd September
4. *Place of Birth, (Street and Number)* 29 North green St
5. *Full Name of Mother,* Mary Agness Byrne
6. *Mother's Maiden Name,* Mary Agness Curley
7. *Mother's Birthplace,* Baltimore ~~Mikle Byrne~~
8. *Full Name of Father,* Currier Mikle Byrne
9. *Father's Occupation,* Currier ireland
10. *Father's Birthplace,* ireland County Roscommon

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Annie Dunnler.

*Remarks,* cc North Schroeder St.

Certificate, is called the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

73948

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Sept 3rd 1884
4. *Place of Birth, (Street and Number)* 250 Light St
5. *Full Name of Mother,* Margaret Melchor
6. *Mother's Maiden Name,* " , Neuman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Melchor
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Theodore Cooke M.D. per L.B.

*Address,* 146 Hanover St

*Remarks,*

HEALTH DEPARTMENT, SEP 20 1884 BALTIMORE, MD.

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73949

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 6th in 84
4. *Place of Birth, (Street and Number)* Maternite Hospital
5. *Full Name of Mother,* Ernestine Grossman
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* ———
9. *Father's Occupation,* ———
10. *Father's Birthplace,* ———

*Name of Medical Attendant,* or other Person who makes this Return F. R. Nordmann M.D.

*Address,*

*Remarks,*

HEALTH DEPARTMENT SEP 13 1884 BALTIMORE MD.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 73950

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sept 6th 1884 |
| 4. *Place of Birth, (Street and Number)* | 196 Arlington Av— |
| 5. *Full Name of Mother,* | Mary C. Martin |
| 6. *Mother's Maiden Name,* | Jones |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John B. Martin |
| 9. *Father's Occupation,* | Trapline Salesman |
| 10. *Father's Birthplace,* | Dorchester County Md |
| *Name of Medical Attendant,* or other Person who makes this Return. | E. M. Lee M.D. |
| *Address,* | 192 N. Carey st |
| *Remarks,* | |

. PIET, PRINTER & STATIONER, BALT.

73951

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 18 1884
BALTIMORE, MD

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 6th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 6 Essex St. |
| 5. *Full Name of Mother,* | Mrs Maggie Mc Williams |
| 6. *Mother's Maiden Name,* | Maggie Kelly |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George Mc Williams |
| 9. *Father's Occupation,* | Stove-moulder |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs K. A. Garrett |
| *Address,* | No 65 Burke St |
| *Remarks,* | |

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered [illegible] other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

7392

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 18 1884
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 7th 1884 |
| 4. *Place of Birth, (Street and Number)* | Castle St one (1) door north of Bank |
| 5. *Full Name of Mother,* | Mrs Annie Buckler |
| 6. *Mother's Maiden Name,* | Annie Mc Cracklin |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Buckler |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs R. H. Garrett |
| *Address,* | No 65 Burke St |
| *Remarks,* | |

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered before any other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 73953

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 18 1884 BALTIMORE MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8th 1884
4. *Place of Birth, (Street and Number)* 88 Edmondson Av—
5. *Full Name of Mother,* Eugenia Augusta Lombard
6. *Mother's Maiden Name,* Hemsfeldt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Clay Lombard
9. *Father's Occupation,* Grocery Merchant
10. *Father's Birthplace,* Lancaster Pa

*Name of Medical Attendant,* or other Person who makes this Return C. W. Free M.D.

*Address,* 192 N. Carey St

*Remarks,* This is the 6th Boy—& no girls

of the parents, and the maiden name of the mother of such child or children.

FIEY, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH 73984

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE

| | |
|---|---|
| [redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | |
| 1. Sex, (state whether male or female) | feadmale |
| 2. Race or Color, (if not of the white race) | Colord |
| 3. Date of Birth, | September 9 half P 82 |
| 4. Place of Birth, (Street and Number). | 101 Sterling St |
| 5. Full Name of Mother, | Josephene Brown |
| 6. Mother's Maiden Name, | Josephene tolson |
| 7. Mother's Birthplace, | Baltimor Md |
| 8. Full Name of Father, | John tolson |
| 9. Father's Occupation, | farmar |
| 10. [redacted]ather's Birthplace, | Baltimore County |
| Name of Medical Attendant, or other Person who makes this Return | Elezebeth Sales |
| Address, | Kirmans Court |
| Remarks, | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH, 73955

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT, SEP 20 1884 BALTIMORE MD.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth (6th) |
| 1. *Sex (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | September 9th 1884 |
| 4. *Place of Birth, (Street and Number)* | 367 Saratoga St. |
| 5. *Full Name of Mother* | Elizabeth Binswanger |
| 6. *Mother's Maiden Name* | Prag |
| 7. *Mother's Birthplace* | Baltimore Md |
| 8. *Full Name of Father* | David Binswanger |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace* | Baltimore / Md |
| *Name of Medical Attendant, or other Person who makes this Return.* | Louis W. Knight M.D. |
| *Address* | 112 N. Greene St |
| *Remarks* | |

73956

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered before any other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 10th. 1884.
4. *Place of Birth, (Street and Number)* 104 Boyd St.
5. *Full Name of Mother,* Mary Agnes Clark.
6. *Mother's Maiden Name,* Mary Agnes Sullivan
7. *Mother's Birthplace,* Baltimore Maryland.
8. *Full Name of Father,* Samuel Chatman Clark.
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore Maryland

*Name of Medical Attendant,* or other Person who makes this Return. Susan Stanley

*Address,* 21 N° Poppleton St

*Remarks,*

ohy & Co., City Printers and Stationers.

73957

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 19 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 20 1884
4. *Place of Birth, (Street and Number)* No 5 Spring Garden
5. *Full Name of Mother,* Mary Emma Galley
6. *Mother's Maiden Name,* Mary Emma Smith
7. *Mother's Birthplace,* Royal Oak Talbott County
8. *Full Name of Father,* William Amy Galley
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Parkman City

*Name of Medical Attendant,* or other Person who makes this Return Sarah Jane Millson

*Address,* 252 Mayflower St

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

73958

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT SEP 10 1894 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First (F)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 10th, 1894
4. *Place of Birth, (Street and Number)* No 182 Bank Street
5. *Full Name of Mother,* Mrs. Margaret Reifner
6. *Mother's Maiden Name,* Miss Margaret Gleitsmann
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Mr. Louis H. Reifner
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Baltimore, Md.

*Name of Medical Attendant,* or other Person who makes this Return Wm H. Clendenin M.D.

*Address,* No. 102 N. Broadway

*Remarks,*

Deaths of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 7 3 9 9

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 20 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Thirteenth (13th)

1. *Sex (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth* September 12/84.

4. *Place of Birth, (Street and Number)* No. 77 N. Paine St.

5. *Full Name of Mother* Mary E. Durham

6. *Mother's Maiden Name* Haupt.

7. *Mother's Birthplace* Baltimore, Md.

8. *Full Name of Father* Columbus K. Durham.

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Baltimore, Md.

*Name of Medical Attendant,* or other Person who makes this Return. Louis W. Knight M.D.

*Address* 112 N. Greene St.

*Remarks* Case of dystocia; breech presentation with hydrocephalus; obliged to perforate the cranium and deliver.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

73960

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 13 1884
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Six |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 12th 1884 |
| 4. *Place of Birth, (Street and Number)* | 10 Burnett St |
| 5. *Full Name of Mother,* | Cordelia Sullivan |
| 6. *Mother's Maiden Name,* | Cordelia Joyce |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Jeremiah Sullivan |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Jno R. A Garrett |
| *Address,* | No 65 Burke St. |
| *Remarks,* | |

...ohy & Co., City Printers and Stationers.

7396/

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 12th 1884
4. *Place of Birth, (Street and Number)* 19 Bruce St
5. *Full Name of Mother,* Sarah Hopkins
6. *Mother's Maiden Name,* Sarah Woodland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Isaac Hopkins
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* South

*Name of Medical Attendant,* or other Person who makes this Return. Jane Woodland

*Address,* Midwife 16 Bruce St

*Remarks,*

SEP 19 1884

...rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 73962

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 19 1884
BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First-

1. *Sex, (state whether male or female)* Male White

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 12th 1884.

4. *Place of Birth, (Street and Number)* 266 Franklin St-

5. *Full Name of Mother,* Carry C. Krouse

6. *Mother's Maiden Name,* Carrie Hydewood

7. *Mother's Birthplace,* Fredrick Md

8. *Full Name of Father,* Charles Krouse

9. *Father's Occupation,* Machinist-

10. *Father's Birthplace,* Westminster Md

*Name of Medical Attendant,* or other Person who makes this Return. B. K. Herman

*Address,* 175 W. Carey St

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH

73963

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female (Virginia V. Hudson

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept 12 84

4. Place of Birth, (Street and Number) 412 Oleans

5. Full Name of Mother, Sarah E Hudson

6. Mother's Maiden Name, Sarah E Barnes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joshua M Hudson

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Worcester Co Md

Name of Medical Attendant, or other Person who makes this Return. B F Grove

Address, 285 E Biddle

Remarks,

HEALTH DEPARTMENT SEP 19 1884 BALTIMORE MD

rphy & Co., City Printers and Stationers.

739 b/

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 13th
4. Place of Birth, (Street and Number) 72 N. Spring Str.
5. Full Name of Mother, Lizzie A. D. Koetting
6. Mother's Maiden Name, " " " Wagner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William F. P. Koetting
9. Father's Occupation, Clothing cutter.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Wilhelm Reiß Hebamme

Address, No 28. N. Frederickstrit Baltimore Md.

Remarks,

HEALTH DEPARTMENT, SEP 18 1884 BALTIMORE, MD.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73965

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | Sept. 18. 1884 |
| 4. Place of Birth, (Street and Number) | 90 S. Exeter St. |
| 5. Full Name of Mother, | Johanna O'Leary |
| 6. Mother's Maiden Name, | Finn |
| 7. Mother's Birthplace, | Balt. Md. |
| 8. Full Name of Father, | Thomas J. O'Leary |
| 9. Father's Occupation, | Engineer. |
| 10. Father's Birthplace, | Balt. Md. |
| Name of Medical Attendant, or other Person who makes this Return | G. G. Lucke M. D. |
| Address, | 392 E. Balt. St. |
| Remarks, | Natural. |

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

73966

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th Sept 1884

4. Place of Birth, (Street and Number) 69. Boyd St.

5. Full Name of Mother, Eleanor McDonald

6. Mother's Maiden Name, ... McGann

7. Mother's Birthplace, Ireland.

8. Full Name of Father, Michael McDonald

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 S Pappleton St

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered ... other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

73967

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 13 1884

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 13th 1884 |
| 4. *Place of Birth, (Street and Number)* | 26 Dillon St |
| 5. *Full Name of Mother,* | Catharine Cadden |
| 6. *Mother's Maiden Name,* | Catharine Larkins |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Cadden |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs R. L. Larrett |
| *Address,* | No 65 Burke St |
| *Remarks,* | |

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

73968

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| *1. Sex, (state whether male or female)* | Female |
| *2. Race or Color, (if not of the white race)* | White |
| *3. Date of Birth,* | September 13th 1884 |
| *4. Place of Birth, (Street and Number)* | 84 Luzerne St |
| *5. Full Name of Mother,* | Catharine Connor |
| *6. Mother's Maiden Name,* | Catharine McWilliams |
| *7. Mother's Birthplace,* | Baltimore |
| *8. Full Name of Father,* | William Connor |
| *9. Father's Occupation,* | Oyster-measurer |
| *10. Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mrs R. A. Garrett |
| *Address,* | No 65 Burke St |
| *Remarks,* | |

HEALTH DEPARTMENT SEP 18 1884 BALTIMORE MD

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# RETURN OF A BIRTH

73969

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

SEP 19 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 13th
4. Place of Birth, (Street and Number) 579 Saratoga st Baltimore Md
5. Full Name of Mother,
6. Mother's Maiden Name, Emma Christiana Dietrich
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John H Dietrich
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs Eleanor Daniels

Address, 60 North Howard St.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable. Such offence,

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# RETURN OF A BIRTH

73970

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 14th 1884
4. Place of Birth, (Street and Number) Slaught Cross St
5. Full Name of Mother, Margaret A Rigatt
6. Mother's Maiden Name, " " Riggins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H Rigatt
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover St

Remarks,

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73971

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 15th in 84

4. Place of Birth, (Street and Number) Maternite Hospital

5. Full Name of Mother, Mary Jones

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Md.

8. Full Name of Father, ———

9. Father's Occupation, ———

10. Father's Birthplace, ———

Name of Medical Attendant, or other Person who makes this Return F. R. Nordmann M.D.

Address,

Remarks,

HEALTH DEPARTMENT SEP 18 1884 BALTIMORE, MD.

... CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

13972

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 18 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept. 15th 84
4. Place of Birth, (Street and Number) Maternite Hospital
5. Full Name of Mother, Amelia Myers
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return F. R. Nordmann M.D.

Address,

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 73973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Female Second |
| 1. *Sex, (state whether male or female)* | White Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sept 16 1884 |
| 4. *Place of Birth, (Street and Number)* | 162 Conway St |
| 5. *Full Name of Mother.* | Annie Richter |
| 6. *Mother's Maiden Name.* | Annie Stevens |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Jas Richter |
| 9. *Father's Occupation,* | Stove Moulder |
| 10. *Father's Birthplace.* | Balto Md |
| *Name of Medical Attendant,* or other Person who makes this Return | Geo R Graham M.D. |
| *Address,* | 136 Columbia ave |
| *Remarks,* | |

HEALTH DEPARTMENT SEP 18 1884 BALTIMORE MD

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH.

7 3974

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

September 17th 1884.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* September 16th 1884.
4. *Place of Birth, (Street and Number)* 240 Register St.
5. *Full Name of Mother,* Katie Lechleuter.
6. *Mother's Maiden Name,* Katie Schneider.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Jacob Lechleuter.
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Amend.

*Address,* No. 137 S Wolfe St.

*Remarks,* ---

HEALTH DEPARTMENT SEP 18 1884 BALTIMORE MD

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

7395

# RETURN OF A BIRTH.

CERTIFICATE CORRECTED 5-5-37

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

September 17th 1884.

BALTIMORE CITY HEALTH DEPARTMENT
SEP 18 1884
BALTIMORE, MD.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 10th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth* September 16th 1884.
4. *Place of Birth, (Street and Number)* 234 Ann St.
5. *Full Name of Mother,* Mary (~~Schwesinger~~) Schwesinger
6. *Mother's Maiden Name,* Mary (~~Apple~~) Appel
7. *Mother's Birthplace,* America.
8. *Full Name of Father,* George (~~Schwesinger~~) Schwesinger
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* America.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Mary Amend.

*Address,* No. 137 S. Wolfe St.

*Remarks,* Name of child: Bernard Henry Schwesinger

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall he[illegible] or fail to comply with the provisions of this section, shall be s[illegible]ed to the fine of ten (10) dollars for each offence to be r[illegible]d as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

12976

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 18 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 16th 84
4. *Place of Birth, (Street and Number)* Maternite Hospital
5. *Full Name of Mother,* Louise Cooper
6. *Mother's Maiden Name,* " Cattle
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Walter Cooper
9. *Father's Occupation,* ———
10. *Father's Birthplace,* England

*Name of Medical Attendant,* or other Person who makes this Return F. R. Hardeman M.D.

*Address,*

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7977

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 20 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 16th 1884

4. Place of Birth, (Street and Number) No 34 Granby St.

5. Full Name of Mother, Lovina Cumberland

6. Mother's Maiden Name, " " Wiker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Cumberland

9. Father's Occupation, Cane maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Siemers

Address, No 70 Granby St.

Remarks,

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

73978

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 19 1884

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sixteenth
4. Place of Birth, (Street and Number) 102 st. peter and Wyeth st
5. Full Name of Mother, Catherine Long
6. Mother's Maiden Name, Catherine Wolf
7. Mother's Birthplace, Cumberland Md.
8. Full Name of Father, Robert D. Long
9. Father's Occupation, Conductor on the B. O.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mr Annie Dunder

Remarks, 60 North Schroeder St.

Certificate, is, within the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

Missing

73979

# RETURN OF A BIRTH

73980

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 18 1884
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17th 1884.
4. Place of Birth, (Street and Number) No 738 S. Charles st
5. Full Name of Mother, Maggie Ray.
6. Mother's Maiden Name, Maggie Benson
7. Mother's Birthplace, Prince George County Md
8. Full Name of Father, Thomas Ray.
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Prince George County Md

Name of Medical Attendant, or other Person who makes this Return. E Hinton

Address, No 65 S. Charles st

Remarks, +

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 19 1884

BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 17th of September 1884 |
| 4. *Place of Birth, (Street and Number)* | 27 North Chapel Street |
| 5. *Full Name of Mother,* | Mary Böhm |
| 6. *Mother's Maiden Name,* | Mary Long |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Long |
| 9. *Father's Occupation,* | Potter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Crescentia Kunkel |
| *Address,* | 71 North Chapel Street for Justina Kunkel |
| *Remarks,* | Healthy |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 73982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 19 1884 BALTIMORE, MD.

[illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, 9. 18. 84
4. Place of Birth, (Street and Number) 277 W. Lombard St
5. Full Name of Mother, Mrs T. P. Loney
6. Mother's Maiden Name, Mary Cecil H. Johnson
7. Mother's Birthplace, Georgetown D.C.
8. Full Name of Father, T. P. Loney
9. Father's Occupation, Broker
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return L. L. Billing, Prof. Ohio

Address, 467 W. Fayette St. 179 N. Howard St

Remarks, L. O. I. A. Membranes ruptured in 1st Stage — Inertia, Forceps in Sup. Strait 9½ lbs

of the parents, and the maiden name of the mother of such child or children."

ULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73952

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ....

1. *Sex, (state whether male or female)* ....
2. *Race or Color, (if not of the white race)* ....
3. *Date of Birth,* Sept. 14, 1884
4. *Place of Birth, (Street and Number)* 88 Battery ave
5. *Full Name of Mother,* Lena [redacted] Getzinger
6. *Mother's Maiden Name,* Lena Ulrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* F. W. Getzinger
9. *Father's Occupation,* Book Binder
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return — Mrs Olsen Nash

*Address,* ....

*Remarks,* ....

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7983

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th September 1884
4. *Place of Birth, (Street and Number)* No 122 West St
5. *Full Name of Mother,* Annie Cavey
6. *Mother's Maiden Name,* Annie Lacy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Cavey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sabina Grosholz

*Address,* No 122 West St

*Remarks,*

...phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

73984

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT, SEP 16 1884 BALTIMORE MD.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth (6th)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Monday Sept. 15th 1884
4. *Place of Birth (Street and Number)* No. 505 Lexington Street
5. *Full Name of Mother* Louisa F. Piquett.
6. *Mother's Maiden Name* " Leipsr.
7. *Mother's Birthplace* Philadelphia, Penn.
8. *Full Name of Father* John P. Piquett.
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Balto. County

*Name of Medical Attendant, or other Person who makes this Return.* Charles Goltz, M.D.

*Address* 579 Lexington Street.

*Remarks*

# RETURN OF A BIRTH

73985

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15th 1884
4. Place of Birth, (Street and Number) 16 9th Ell St
5. Full Name of Mother, Sarah Kahn
6. Mother's Maiden Name, " Mayer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, B B Kahn
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Theodore Cooke M.D.

Address, 146 Hanover

Remarks,

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7598

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d Child

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 15, 1884
4. *Place of Birth, (Street and Number)* E Lombard St. No 120
5. *Full Name of Mother,* Lizzie Hayes
6. *Mother's Maiden Name,* Lizzie Fitzgibbons
7. *Mother's Birthplace,* County Limmerick, Gr Britt. Europa
8. *Full Name of Father,* John F. Hayes
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant, or other Person who makes this Return.* Mary E. Miller

*Address,* N. Dallas St No 26

*Remarks,*

HEALTH DEPARTMENT SEP 17 1884 BALTIMORE MD

...ty & Co., City Printers and Stationers.

73987

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 17 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 15 1884
4. *Place of Birth, (Street and Number)* 6 Canton Av Chester St
5. *Full Name of Mother,* Welty Housman
6. *Mother's Maiden Name,* Welty Shaw
7. *Mother's Birthplace,* Baltimo
8. *Full Name of Father,* Jorg Housman
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimor

*Name of Medical Attendant,* or other Person who makes this Return Mrs E Zoay

*Address,* 193 Chest

*Remarks,*

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

73988

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE, MD

No. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 15th 1884

4. Place of Birth, (Street and Number) 134 N. Calhoun St

5. Full Name of Mother, Alice G Strobridge

6. Mother's Maiden Name, Alice G. Barnes.

7. Mother's Birthplace, Sykesville, Carroll Co Md

8. Full Name of Father, Frank Stanley Strobridge

9. Father's Occupation, Agent.

10. Father's Birthplace, San Francisco Cal

Name of Medical Attendant, or other Person who makes this Return N. S. Goodman M.D.

Address. 645 W Lombard St City

Remarks,

& CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7989

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 16, 1884

4. Place of Birth, (Street and Number) Cor Biddle & Eden Sts

5. Full Name of Mother, Harriet A Ford

6. Mother's Maiden Name, Harriet A Lee

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Thos W Ford

9. Father's Occupation, Merchant

10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return. B F Moore

Address, 285 E Biddle

Remarks,

N

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

/3990

[illegible]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 16th 1884

4. Place of Birth, (Street and Number) 21 Bartlette St

5. Full Name of Mother, Lizzie McClear

6. Mother's Maiden Name, Lizzie Ferguson

7. Mother's Birthplace, Ireland

8. Full Name of Father, Jno. McClear

[illegible] Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Dr. R. C. Smith (V.P.)

Address, #106 Columbia Ave.

Remarks, Retained placenta wh. required removal in [illegible]

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 73990

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

[illegible]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 16th 1884
4. Place of Birth, (Street and Number) 21 Bartlette St
5. Full Name of Mother, Lizzie McCleary
6. Mother's Maiden Name, Lizzie J. Ferguson
7. Mother's Birthplace, Ireland
8. Full Name of Father, Jno. McCleary
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Dr R. C. Smith (V.P.)

Address, #106 Columbia Ave.

Remarks, Retained placenta wh. required removal in pieces.

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH. 73991

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 9 Sept.
4. *Place of Birth, (Street and Number)* 310 E. Baltimore
5. *Full Name of Mother,* Katie Rechner
6. *Mother's Maiden Name,* Backer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Rechner
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 92. E. Lombard

*Remarks,*

HEALTH DEPARTMENT, SEP 22 1884 BALTIMORE, MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here[illegible] fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be rec[illegible] as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH. 73992

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT, SEP 22 1884 BALTIMORE, MD.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 10 Sept.
4. *Place of Birth, (Street and Number)* 93 Albemarle
5. *Full Name of Mother,* Mary Wagel
6. *Mother's Maiden Name,* Baaning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Wagel
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 72 E. Lombard

*Remarks,*

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 7399

**To the Office of Registrar of Vital Statistics, Board of Health,**
**BALTIMORE CITY.** Sept 21 1884

HEALTH DEPARTMENT, SEP 22 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 12 1884
4. *Place of Birth, (Street and Number)* 38 Thames St 36
5. *Full Name of Mother,* Mary Adeline Nelson
6. *Mother's Maiden Name,* Mary Adeline Garland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Nelson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Louisa Smith

*Address,* Name of Child Mary Nelson

*Remarks,*

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

73994

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* .....
4. *Place of Birth, (Street and Number)* .....
5. *Full Name of Mother,* .....
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* .....
8. *Full Name of Father,* .....
9. *Father's Occupation,* .....
10. *Father's Birthplace,* .....

*Name of Medical Attendant,* or other Person who makes this Return .....

*Address,* .....

*Remarks,* .....

HEALTH DEPARTMENT
SEP 17 1884
BALTIMORE MD.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period aforesaid, except in the cases of the births and deaths of legitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

13995

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT, SEP 19 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Septr. 16. 1884. |
| 4. *Place of Birth, (Street and Number)* | 57 S. Liberty |
| 5. *Full Name of Mother,* | ~~Wm. H.~~ Clara Belle Shannon |
| 6. *Mother's Maiden Name,* | De' Baufre |
| 7. *Mother's Birthplace,* | Balto. City |
| 8. *Full Name of Father,* | Wm. Shannon |
| 9. *Father's Occupation,* | Hotel Keeper |
| 10. *Father's Birthplace,* | Balto. City |
| *Name of Medical Attendant,* or other Person who makes this Return | J. H. CHRISTIAN, M. D. |
| *Address,* | 506 Madison Ave. |
| *Remarks,* | |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 7396

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 19 1884 BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept. 16. 1884.
4. Place of Birth, (Street and Number) 126 Lee St.
5. Full Name of Mother, Lizzie Carbitt.
6. Mother's Maiden Name, Mc Gerray.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, John Carbitt.
9. Father's Occupation, Iron moulder.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough.

Address, 320 Montgomery St.

Remarks.

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 73997

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 of September 1884
4. *Place of Birth, (Street and Number)* No 414 Light St
5. *Full Name of Mother,* Maggie Ruge
6. *Mother's Maiden Name,* Maggie Zipprian
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Ruge
9. *Father's Occupation,* Cigar maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sabina Greshaber

*Address,* No 128 West St

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offence to be recover[illegible] other fines and forfeitures are recoverable.

[illegible]rphy & Co., City Printers and Stationers.

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 73998

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 September 1884
4. *Place of Birth, (Street and Number)* 109 N Washington St
5. *Full Name of Mother,* Brigitta Wimmer
6. *Mother's Maiden Name,* Brigitta Wabbelia
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Wimmer
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kopt[illegible]

*Address,* 109 N Washington St

*Remarks,* Mary Kop[illegible]

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered [illegible] other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 73999

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 September 1884
4. *Place of Birth, (Street and Number)* 18 Abbott St
5. *Full Name of Mother,* Mary Pavlock Beran
6. *Mother's Maiden Name,* Mary Pavlack
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Beran
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Koptist

*Address,* 109 N Washington St

*Remarks,* Mary Koptist

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered. Other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74000

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2
4. *Place of Birth, (Street and Number)* 319 S Durham St
5. *Full Name of Mother,* Fanny Schenka
6. *Mother's Maiden Name,* Fanny Schwarz
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Schwarz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return. Mary A Stitch

*Address,* 167 S Washington St

*Remarks,* Mary Stitch

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered other fines and forfeitures are recoverable.

hy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 14001

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 September 1884
4. *Place of Birth, (Street and Number)* 85 N Washington St
5. *Full Name of Mother,* Elizabeth Witzleberger
6. *Mother's Maiden Name,* Elizabeth Witzleberger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Witzleberger
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary Hospital

*Address,* 162 N Washington St

*Remarks,* Mary Hospital

certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74002

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 September 1884
4. Place of Birth, (Street and Number) No 145 Chesapeake St
5. Full Name of Mother, Annie Deisel
6. Mother's Maiden Name, Annie Maha
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Henry Deisel
9. Father's Occupation, Manufacturer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Kofoot

Address, 69 N Washington

Remarks, Mary Kofoot

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered before other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 74003

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 September
4. *Place of Birth, (Street and Number)* 279 Durham St
5. *Full Name of Mother,* Emma Pivac
6. *Mother's Maiden Name,* Emma Blagraph
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Pivac
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other Person who makes this Return. Mary Kopitsch

*Address,* 169 N Washington St

*Remarks,* Mary Kopitsch

HEALTH DEPARTMENT SEP 15 1884 BALTIMORE

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subjected [illegible] the fine of ten (10) dollars for each offence to be recover[illegible] other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH. 74004

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered by other fines and forfeitures are recoverable.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth* 16 Sept.

4. *Place of Birth, (Street and Number)* 136 Central Ave.

5. *Full Name of Mother,* Annie C. Klutch

6. *Mother's Maiden Name,* Schreiber

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Klutch

9. *Father's Occupation,* Barber

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Dr Sarah Casper

*Address,* 92 E. Lombard street

*Remarks,*

HEALTH DEPARTMENT, SEP 22 1884 BALTIMORE MD.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH.

74005

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT,
SEP 19 1884
BALTIMORE, MD.

| | |
|---|---|
| Mother (state whether 1st, 2d, 3d, &c.) | 1st |
| ether Male or Female) | Male |
| r (if not of the white race) | African |
| h | Sept 16. 84 |
| th (Street and Number) | 65 E. Biddle St |
| f Mother | Martha Ella Blackwell |
| den Name | Smith |
| thplace | Va |
| f Father | Thos Blackwell |
| upation | Waiter |
| hplace | Va |
| dical Attendant, or other Person who makes this Return. | D E Kindray MD |
| | 23 Read St |

# RETURN OF A BIRTH. 74006

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* 12 Sept
4. *Place of Birth, (Street and Number)* 12 Gough
5. *Full Name of Mother,* Jenny Dinning
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Dinning
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Sarah Casper

*Address,* 72. E. Lombard

*Remarks,*

HEALTH DEPARTMENT SEP 22 1884 BALTIMORE, MD.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

114007

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 22 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 17 September

4. Place of Birth, (Street and Number) Baltimore Warner st No 222

5. Full Name of Mother, Emma C. Freeberg

6. Mother's Maiden Name, Emma C. Burkman

7. Mother's Birthplace, Sweden

8. Full Name of Father, John August Freeberg

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Sweden

Name of Medical Attendant, or other Person who makes this Return Mrs M. Shaffer

Address, 114 Ridgley St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

74008

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 19 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Septr. 17. 1884
4. Place of Birth, (Street and Number) 602 Bruce
5. Full Name of Mother, Annie C Christler
6. Mother's Maiden Name, Wagner
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, Henry Christler
9. Father's Occupation, Keeper of Animals, Druid Hill Park
10. Father's Birthplace, Frederick Md.

Name of Medical Attendant, or other Person who makes this Return J. H. CHRISTIAN, M. D.

Address, 506 Madison Ave.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars which offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 7/1009

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE MD.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second (2nd)

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* September 17/84-
4. *Place of Birth, (Street and Number)* 4 S. Paca St.
5. *Full Name of Mother* Annie M. Blume
6. *Mother's Maiden Name* Schulle
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Henry J. Blume
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

*Name of Medical Attendant,* or other Person who makes this Return. Louis W. Knight M.D.

*Address* 112 N. Greene St.

*Remarks*

74010

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 19 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 17 September 1884
4. *Place of Birth, (Street and Number)* Monroe St. 116
5. *Full Name of Mother,* Jane Mullins
6. *Mother's Maiden Name,* Jane Lamrence
7. *Mother's Birthplace,* Road over Tobacco Co
8. *Full Name of Father,* Francis Mullins
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Road over Tobacco Co

*Name of Medical Attendant,* or other Person who makes this Return Sarah Jane Wilson

*Address,* Hopkins St 202

*Remarks,*

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 74011

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 15 1917.

4. Place of Birth, (Street and Number) 293 Charles St.

5. Full Name of Mother, Helen First.

6. Mother's Maiden Name, Filbert.

7. Mother's Birthplace, Maryland

8. Full Name of Father, Charles First.

9. Father's Occupation, Gilder.

10. [redacted] Father's Birthplace, Maryland.

[redacted] Name of Medical Attendant, or other Person who makes this Return Mrs. Scarborough.

[redacted] Address, 24 Montgomery [redacted].

Remarks,

of the parents, and the maiden name of the mother of such child or children.

CITY PRINTERS AND STATIONERS

74612

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18th of Sept.

4. Place of Birth, (Street and Number) No 218 Wolfe St.

5. Full Name of Mother, Francis Schebric

6. Mother's Maiden Name, Bates

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ambros Schebric

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Schutte

Address, No 246 E. Aliceanna St.

Remarks,

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE, MD.

CITY PRINTERS AND STATIONERS.

7401 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 19 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 18 1884
4. *Place of Birth, (Street and Number)* 97 Cross. st
5. *Full Name of Mother,* Lizzie. Mongomery
6. *Mother's Maiden Name,* " " Carmine
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Mongomery
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Ann Nash

*Address,*

*Remarks,*

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties recoverable.

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

14014

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT, SEP 19 1884 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Septr. 18th 1884
4. Place of Birth, (Street and Number) 147 Lindin Ave.
5. Full Name of Mother, Victoria A Poole
6. Mother's Maiden Name, Harwood
7. Mother's Birthplace, Petersburg Va.
8. Full Name of Father, Winter S. Poole
9. Father's Occupation, Salesman
10. Father's Birthplace, Frederick Co. Md

Name of Medical Attendant, or other Person who makes this Return J. H. CHANTLER, M. D.

Address, 506 Madison Ave.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

... CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED. 6-19-52

# RETURN OF A BIRTH

74015

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Angela Lucele Riley 6th. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | Sept 19th. 1884 |
| 4. *Place of Birth, (Street and Number)* | 95 Carrollton Ave. |
| 5. *Full Name of Mother,* | Elizabeth R Riley |
| 6. *Mother's Maiden Name,* | " Nolan |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John H. Riley |
| *Father's Occupation,* | Goldbeater. |
| 10. *Father's Birthplace,* | New York. |
| *Name of Medical Attendant,* or other Person who makes this Return | Dr Morgan |
| *Address,* | 119 W. Monument St. |
| *Remarks,* | |

HEALTH DEPARTMENT, SEP 22 1884 BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS.

74016

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 22 1884 BALTIMORE, MD.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female) Nellie Marie Funk
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Sept 19th 1884.
4. Place of Birth, (Street and Number) 755 W. Pratt St.
5. Full Name of Mother, Florence M. Funk
6. Mother's Maiden Name, Florence M. Leonard.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Charles H. Funk.
9. Father's Occupation, Moulder.
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return John I. R. Kroger M.D.

Address, 273 Lexington St

Remarks, Full given name added by Aunt upon applying for a transcript.

Mrs L. T. Hudgins Carvelle Aunt

J. E. Wehn Birth Index Clerk

Oct-28-1929

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]red, except in the cases of the births and deaths of [illegible]timate children, and any person or persons w[illegible]ail hereafter fail to comply with the provisions of th[illegible]tion shall be subject to a fine of ten dollars i[illegible]ach offence, to be recovered as other fines and penalties [illegible]e recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 7407

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 19 Sept

4. Place of Birth, (Street and Number) 23 Baltimore

5. Full Name of Mother, Emila Goldster

6. Mother's Maiden Name, Leicher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Goldster

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard

Remarks,

HEALTH DEPARTMENT SEP 22 1884 BALTIMORE, MD

Certificate before any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH, 74018

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 20 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Sept 19th 1884
4. *Place of Birth, (Street and Number)* 95 S Washington St.
5. *Full Name of Mother* Pauline Schiaffino
6. *Mother's Maiden Name* " Montrola
7. *Mother's Birthplace* Italy!
8. *Full Name of Father* Govanni Schiaffino
9. *Father's Occupation* Ship Chandler & Grocer
10. *Father's Birthplace* Italy

*Name of Medical Attendant,* or other Person who makes this Return. D W Cathell M D

*Address* 2 N Broadway

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH 74019

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 22 1884 BALTIMORE, MD.

| | |
|---|---|
| [illegible]. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first Child |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white race |
| 3. *Date of Birth,* | 20 September |
| 4. *Place of Birth, (Street and Number)* | 26 randell street |
| 5. *Full Name of Mother,* | Bridget huse |
| 6. *Mother's Maiden Name,* | Bridget Barret |
| 7. *Mother's Birthplace,* | Birthplace Ierland |
| 8. *Full Name of Father,* | Michle Huse |
| 9. *Father's Occupation,* | labourer |
| 1[illegible] *Father's Birthplace,* | Ierland |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Ann Thornton |
| *Remarks,* | 249 Batrey avenue south Baltimore |

of the parents, and the maiden name of the mother of such child or children."

[illegible]ULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 20, 1884 |
| 4. *Place of Birth, (Street and Number)* | 57 Cross |
| 5. *Full Name of Mother,* | Annie Rogers |
| 6. *Mother's Maiden Name,* | Annie Lemmar |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Rogers |
| 9. *Father's Occupation,* | Caspar |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Ind Conn Nash |
| *Address,* | |
| *Remarks,* | |

HEALTH DEPARTMENT, SEP 22 1884 BALTIMORE, MD

should no other person be in at endance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

74021

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT, SEP 22 1884 BALTIMORE, MD.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Sept 21st 1884
4. *Place of Birth* (Street and Number) 19 Park St
5. *Full Name of Mother* Isabelle M. Erichson
6. *Mother's Maiden Name* " " Bagnie
7. *Mother's Birthplace* St Christian
8. *Full Name of Father* A. Erichson
9. *Father's Occupation* Broker
10. *Father's Birthplace* St Thomas. W. I.

*Name of Medical Attendant,* or other Person who makes this Return. Geo B. Rigneey M.D.

*Address* 171 N Calvert

*Remarks*

# RETURN OF A BIRTH 74022

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 22 1884 BALTIMORE, MD.

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 22nd
4. Place of Birth, (Street and Number) 72 Leadenhall
5. Full Name of Mother Carrie Krieger
6. Mother's Maiden Name, " Strauss
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Krieger
9. ~~Father's Occupation,~~ Lead
10. [redacted] Father's Birthplace. Baltimore

Name of Medical Attendant, or other Person who makes this Return Geo A Strauss

Address, 266 Hanover St

Remarks, Child was turned & delivered with Forceps —

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

74023

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

---

[redacted] of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 4. 1883
4. Place of Birth, (Street and Number) Cor Patterson Av & Calhoun St
5. Full Name of Mother, Mary Guignard
6. Mother's Maiden Name, Mary Hamilton
7. Mother's Birthplace, Canada
8. Full Name of Father, Louis Guignard.
9. Father's Occupation, Agent
10. [redacted] Father's Birthplace, Switzerland.

Name of Medical Attendant, or other Person who makes this Return H. B. Browne M. D.

Address, 307 Madison Ave.

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

74024

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Femael
2. Race or Color, (if not of the white race) white
3. Date of Birth, Mai th 12
4. Place of Birth, (Street and Number) Guhls Lean No 7
5. Full Name of Mother, Magareth Kiel
6. Mother's Maiden Name, ~~Magaretha Kiel~~ Maria Hechwolf
7. Mother's Birthplace, Oberrothen Darmstadt ~~Maria Magaretha Hechwolf~~
8. Full Name of Father, Wenty Kummerant
9. Father's Occupation, Laeborer
10. Father's Birthplace, Oberrothen Hessen Darmstadt

Name of Medical Attendant, or other Person who makes this Return Mrs. Prasine. Sharp. Nr. 304

Address, Sea wahl Kanne Kraneel Canty.

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

74025

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 14 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Juni 11th 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Juni 11th 84
4. Place of Birth, (Street and Number) Gahls Lan No 6
5. Full Name of Mother, Margareta Joegel
6. Mother's Maiden Name, Maria Cumberland
7. Mother's Birthplace, Scheidt Reinpfalz Baiern
8. Full Name of Father, Johan Peter Kooss
9. Father's Occupation, Laeborer
10. Father's Birthplace, Menzingen Stadt of Baden

Name of Medical Attendant, or other Person who makes this Return ~~Busey~~ Auguste Bosten

Address, Johan Peter Kooss Sec. wahl. Anne Kurand Cor.

Remarks, Stravge: Street 304

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible] such offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

74026

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth* July 4th 84.
4. *Place of Birth, (Street and Number)* 68 Holliday St
5. *Full Name of Mother,* Florence Hopkins
6. *Mother's Maiden Name,* Florence Blake
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Joseph Hopkins
9. *Father's Occupation,* Drayman
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. E. G. Welch M.D.

*Address,* 5171 Calvert St

*Remarks,*

HEALTH DEPARTMENT SEP 15 1884 BALTIMORE, MD.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74027

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17/84
4. *Place of Birth, (Street and Number)* * 46 Frederick Ave
5. *Full Name of Mother,* Annie Hammel
6. *Mother's Maiden Name,* Annie Miller
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Hammel
9. *Father's Occupation,* Shipping Clerk
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Annie Hammel

*Remarks,* 60 North Schroeder St.

HEALTH DEPARTMENT SEP 19 1884 BALTIMORE, MD.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period al[illegible] required, except in the cases of the births and deat[illegible] illegitimate children, and any person or pers[illegible] who shall hereafter fail to comply with the provisions [illegible] this section shall be subject to a fine of ten dol[illegible] for each offence, to be recovered as other fines and pe[illegible]es are recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

74028

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 19th 1884.
4. Place of Birth, (Street and Number) 755 W. Balto. St.
5. Full Name of Mother, Minna Cohn.
6. Mother's Maiden Name, Minna Mandel.
7. Mother's Birthplace, Germanry.
8. Full Name of Father, Elias Cohn
9. Father's Occupation, Merchant
10. Father's Birthplace, Germanry

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Lennie Demmla.

Remarks, 40 North Schroeder St.

HEALTH DEPARTMENT SEP 19 1884 BALTIMORE, MD.

[illegible] in case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

74029

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 23rd 1884.
4. *Place of Birth, (Street and Number)* #69 Camden St.
5. *Full Name of Mother,* L. Hamm.
6. *Mother's Maiden Name,* " Rozel.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Henry Hamm.
9. *Father's Occupation,* Liquor Dealer.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Dena Dilhegent.

*Address,* 172 E. Monument St.

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

74030

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 19 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 of July.
4. *Place of Birth, (Street and Number)* 103 North Poppleton st
5. *Full Name of Mother,* Maria Louisa Albaugh
6. *Mother's Maiden Name,* " " Brant
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* De Witt Clinton Albaugh
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Mrs Lumbler

*Address,* 60 North Schroeder St.

*Remarks.*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

74031

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 19 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday ~~August~~ July 25 1884
4. Place of Birth, (Street and Number) 322 Prestman and Monroe N. E. Cor.
5. Full Name of Mother, Bernadina Hummel
6. Mother's Maiden Name, Bernadina Mupmann
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Anthony John Hummel
9. Father's Occupation, Grocery Man
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Mrs. Dummler

Address, Schroeder 60 North.

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

NO., CITY PRINTERS AND STATIONERS.

Quee

74032

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Celie I. ~~Hartung~~

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth,* | July 28, 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore City 210 Sharp St. |
| 5. *Full Name of Mother,* | Mary Hartung |
| 6. *Mother's Maiden Name,* | Mary Bolte |
| 7. *Mother's Birthplace,* | Carroll County Md. |
| 8. *Full Name of Father,* | Adolph Hartung |
| 9. *Father's Occupation,* | Bar-tender |
| 10. *Father's Birthplace,* | Prussia Germany |
| *Name of Medical Attendant,* or other Person who makes this Return | Auguste Bosien |
| *Address,* | Sharp Hrit 309 |
| *Remarks,* | |

HEALTH DEPARTMENT SEP 14 1884 BALTIMORE, MD.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]red, except in the cases of the births and deaths of [illegible]ritimate children, and any person or persons w[illegible]all hereafter fail to comply with the provisions of t[illegible]tion shall be subject to a fine of ten dollars f[illegible]ach offence, to be recovered as other fines and penalti[illegible]e recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

74033

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 19 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 "

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 of July, 1884
4. *Place of Birth, (Street and Number)* 14 Arlington Ave.
5. *Full Name of Mother,* Mary Winter
6. *Mother's Maiden Name,* " Sharpley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank H. Winter
9. *Father's Occupation,* Hatter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Annie Domler

*Remarks,* 60 North Schoreder St.

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and pena[illegible] are recoverable.

[illegible]., CITY PRINTERS AND STATIONERS.

74031

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first child.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 29
4. Place of Birth, (Street and Number) Sarvigo 428.
5. Full Name of Mother, miss Caspare.
6. Mother's Maiden Name, miss Bucking
7. Mother's Birthplace, Baltimore
8. Full Name of Father, miser Caspare.
9. Father's Occupation, hockster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, Mrs Annie Dumler

Remarks, 60 Perth Schroeder St.

HEALTH DEPARTMENT SEP 19 1884 BALTIMORE, MD.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

7403

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 30th |
| 4. *Place of Birth, (Street and Number)* | 86 Paca St |
| 5. *Full Name of Mother,* | Maggie Kunner |
| 6. *Mother's Maiden Name,* | Maggie Mertens |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Kunner |
| 9. *Father's Occupation,* | Driver |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs. Annie Dunker. |
| *Remarks,* | 60 Park Belvedere St. |

HEALTH DEPARTMENT SEP 19 1884 BALTIMORE, MD.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

74036

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE MD

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Aug 2nd 1884.
4. *Place of Birth, (Street and Number)* 9 J S. Stricker St.
5. *Full Name of Mother,* Ellen M. Moran
6. *Mother's Maiden Name,* Dew.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Ellis Moran.
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other Person who makes this Return. John W. White M.D.

*Address,* 342 W. Broadway

*Remarks,*

N B. PIET, PRINTER & STATIONER, BALT.

14037

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT. SEP 10 1894 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 August
4. Place of Birth, (Street and Number) 115 Penna ave
5. Full Name of Mother, Mary Roach
6. Mother's Maiden Name, Mary Oberlein
7. Mother's Birthplace, Balto
8. Full Name of Father, John J. Roach
9. Father's Occupation, Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mrs. Hunter

Address, 60 North Schroeder St.

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

74038

# ETURN OF A BIRTH

## of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| Mother, (state whether 1st, 2d, 3d, &c.) | 1st Child. |
| ether male or female) | Female. |
| , (if not of the white race) | White race. |
| h, | 9th August 1884 |
| , (Street and Number) | No. 9 Goulds lane. |
| f Mother, | Barbra Hines |
| len Name, | Barbra Snyder. |
| hplace, | Baltimore Md. |
| f Father, | Frank Hines. |
| pation, | Tinner. |
| hplace, | Baltimore Md. |
| dical Attendant, or other Person who makes this Return | Auguste Bosien. Library. Grat. 304 |

HEALTH DEPARTMENT, SEP 14 1884 BALTIMORE, MD.

74039

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White race

3. *Date of Birth,* August 10th 1884

4. *Place of Birth, (Street and Number)* No. 18 Goulds Lane.

5. *Full Name of Mother,* Wilhelmine Ludwitzki.

6. *Mother's Maiden Name,* Wilhelmine Dreher.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Frank Ludwitzki

9. *Father's Occupation,* Germany.

10. *Father's Birthplace,* Labor.

*Name of Medical Attendant,* or other Person who makes this Return Auguste Brien.

*Address,* Sharp Street 304.

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NS., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7440

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT, SEP 14 1884 BALTIMORE

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 14th 1884. |
| 4. *Place of Birth, (Street and Number)* | No 116 Harrison St. |
| 5. *Full Name of Mother,* | Sophie Harms. widow |
| 6. *Mother's Maiden Name,* | Sophie Adams. |
| 7. *Mother's Birthplace,* | Germany. |
| 8. *Full Name of Father.* | Fredrick Harms. |
| 9. *Father's Occupation,* | Laber. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other Person who makes this Return | Auguste Boisen. |
| *Address,* | Strayer Street 309. |
| *Remarks,* | |

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents o such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

74041

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 17 1884 BALTIMORE

| | |
|---|---|
| [illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Second |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 17 Aug. 1884 |
| 4. Place of Birth, (Street and Number) | 512 Hollins st. |
| 5. Full Name of Mother, | Jennie Honsman |
| 6. Mother's Maiden Name, | Slack |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Samuel Honsman |
| 9. Father's Occupation, | Solicitor |
| [illegible] Father's Birthplace | Pennsylvania |
| Name of Medical Attendant, or other Person who makes this Return | John Hood |
| Address, | 594 W. Fayette st. |
| Remarks, | Fine babe |

x delayed on account of Mr Knowing this name

[illegible] born, as of their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

[illegible] CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

7/1042

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 18 1884
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 18th 1884 |
| 4. *Place of Birth, (Street and Number)* | 56 Saratoga st |
| 5. *Full Name of Mother,* | Daisy St Clair Smith |
| 6. *Mother's Maiden Name,* | Clarke |
| 7. *Mother's Birthplace,* | Upper Marlboro P. G. Co Md |
| 8. *Full Name of Father,* | Harry St Clair Smith |
| 9. *Father's Occupation,* | Lawyer |
| 10. *Father's Birthplace,* | Washington D. C. |
| *Name of Medical Attendant,* or other Person who makes this Return. | E. W. Lee M. D. |
| *Address,* | 192 N. Carey st |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children.

C. PIET, PRINTER & STATIONER, BALT.

74043

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second (2nd)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 19th 1884
4. *Place of Birth, (Street and Number)* No 97 Pierce St
5. *Full Name of Mother,* Margaret McCauley
6. *Mother's Maiden Name,* Margaret Bawn
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* John B McCauley
9. *Father's Occupation,* Agricultural Painter
10. *Father's Birthplace,* Baltimore Maryland

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs Annie Dunder.

*Remarks,* 80 Porter Schroeder St

HEALTH DEPARTMENT SEP 19 1884 BALTIMORE, MD.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of legitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NO., CITY PRINTERS AND STATIONERS.

74044

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 19th 1884
4. *Place of Birth, (Street and Number)* #234 Chew St
5. *Full Name of Mother,* Virginia Smith
6. *Mother's Maiden Name,* Schaefer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis M Smith
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Dena Hillegeist

*Address,* 182 E. Monument St.

*Remarks,*

Certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

74-045

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 16 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10 1884
4. *Place of Birth, (Street and Number)* No 19 Oregon St
5. *Full Name of Mother,* Loise Wilson
6. *Mother's Maiden Name,* Loise unbritch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Wilson
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return E Duncan

*Address,* No 827 Lombard St

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons [illegible]all hereafter fail to comply with the provisions of t[illegible]ction shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penalti[illegible]re recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

74046

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

SEP 12 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug ~~Sept~~ 20th/84
4. *Place of Birth, (Street and Number)* 313 W Biddle St
5. *Full Name of Mother,* Anzonettia Lafferty
6. *Mother's Maiden Name,* " Pletzer
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Geo Lafferty
9. *Father's Occupation,* Tin Roofing
10. *Father's Birthplace,* Ky ~~Ct~~

*Name of Medical Attendant,* or other Person who makes this Return Jno D Blake Md

*Address,*

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]red, except in the cases of the births and deaths of [illegible]itimate children, and any person or persons w[illegible]all hereafter fail to comply with the provisions of th[illegible]tion shall be subject to a fine of ten dollars to[illegible]ach offence, to be recovered as other fines and penalties are recoverable.

[illegible] CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

74047

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 ~~3rd~~

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Aug 21 st 1884.
4. *Place of Birth, (Street and Number)* #11 Valley St.
5. *Full Name of Mother,* Mary C. Dyer
6. *Mother's Maiden Name,* " Duffey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick H Dyer
9. *Father's Occupation,* Police
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Anna Dillegrist.

*Address,* 182 E. Monument St.

*Remarks,*

certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered before any other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74048

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 23rd 1884.
4. *Place of Birth, (Street and Number)* #56 Gough St.
5. *Full Name of Mother,* Lillian Wehr
6. *Mother's Maiden Name,* " Henkel
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* George Wehr.
9. *Father's Occupation,* Taylor.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Dena Hillegeist

*Address,* 182 E. Monument St.

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recoverable, as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 14049

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

RECEIVED
SEP 16 1884
REGISTRAR
BALTIMORE MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 23rd 1884.
4. *Place of Birth, (Street and Number)* 412 E Eager St.
5. *Full Name of Mother,* Ellison R. Talbott.
6. *Mother's Maiden Name,* Carrick.
7. *Mother's Birthplace,* Scotland.
8. *Full Name of Father,* Captain Wm J. Talbott.
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* England

*Name of Medical Attendant,* or other Person who makes this Return. John R. White, M.D.

*Address,* 342 N. Broadway

*Remarks,*

of the parents, and the maiden name of the mother of such child or children.

B. PIET, PRINTER & STATIONER, BALT.

# RETURN OF A BIRTH 74030

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 24 Aug. 1884 |
| 4. Place of Birth, (Street and Number) | 371 W. Lombard st. |
| 5. Full Name of Mother, | Nettie Allinson |
| 6. Mother's Maiden Name, | Strong |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Robert T. Allinson |
| 9. Father's Occupation, | Calvert Co. Md. |
| Father's Birthplace, | Ship Carpenter |
| Name of Medical Attendant, or other Person who makes this Return | John Wood |
| Address, | 594 W. Fayette st. |
| Remarks, | Fine baby. |

HEALTH DEPARTMENT SEP 17 1884 BALTIMORE MD.

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

74051

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Six

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 24th
4. *Place of Birth, (Street and Number)* #59 Pine St
5. *Full Name of Mother,* Isabella McGee
6. *Mother's Maiden Name,* Isabella Weaver
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A. McGee
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Cincinnati Ohio

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mrs. Annie Dunaler.

*Remarks,* 60 North Schroeder St

HEALTH DEPARTMENT SEP 19 1884 BALTIMORE, MD.

Certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons [illegible] shall hereafter fail to comply with the provisions of [illegible] section shall be subject to a fine of ten dollars [illegible] each offence, to be recovered as other fines and penalties are recoverable.

O., CITY PRINTERS AND STATIONERS.

74052.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 16 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 24th 1884
4. *Place of Birth, (Street and Number)* No 68 Fredrick av
5. *Full Name of Mother,* E Wenceraider
6. *Mother's Maiden Name,* E Kalb
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Wenceraider
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return E Dunn

*Address,*

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of [illegible] ultimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

7405 3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

BIRTH DEPARTMENT
SEP 12 1884
BALTIMORE, M.D.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 24 /84
4. *Place of Birth, (Street and Number)* 798 S Pacast
5. *Full Name of Mother,* Jane Pollard
6. *Mother's Maiden Name,* " Dearm
7. *Mother's Birthplace,* City
8. *Full Name of Father,* James Pollard
9. *Father's Occupation,* Labourer
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other Person who makes this Return Jno D Blakeman

*Address,* 158 S Pacast

*Remarks,*

place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]red, except in the cases of the births and deaths of [illegible]timate children, and any person or persons w[illegible]all hereafter fail to comply with the provisions of th[illegible]tion shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

74054

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 11 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 24/84
4. *Place of Birth, (Street and Number)* # 413 W Lexington St
5. *Full Name of Mother,* Margaret R. Shagogue
6. *Mother's Maiden Name,* " " Hannickhouse
7. *Mother's Birthplace,* Franklin town Carroll Co Md
8. *Full Name of Father,* Alfred M. Shagogue
9. *Father's Occupation,* Dentist
10. *Father's Birthplace,* — State of Illinoi Town of Anna

*Name of Medical Attendant,* or other Person who makes this Return A. L. Spearman

*Address,* 387 W. Lombard St

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]ritimate children, and any person or persons w[illegible]all hereafter fail to comply with the provisions of t[illegible]ction shall be subject to a fine of ten dollars [illegible]each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 74055

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) M.
2. Race or Color, (if not of the white race) C.
3. Date of Birth, 25 Aug.
4. Place of Birth, (Street and Number) 79 Hanover Lane
5. Full Name of Mother, Mary Snowden
6. Mother's Maiden Name, " Jones
7. Mother's Birthplace, Balt
8. Full Name of Father, Solomon Snowden
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return C. Muff

Address. 306 N Fremont St

Remarks.

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE MD.

of the parents, and the maiden name of the mother of such child or children."

J. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

74056

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Aug. 26th 1884.
4. *Place of Birth, (Street and Number)* #130 Asquith St.
5. *Full Name of Mother,* Zelda Goldstein.
6. *Mother's Maiden Name,* Skekut.
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Isaac Goldstein.
9. *Father's Occupation,* Shoemaker.
10. *Father's Birthplace,* Poland.

*Name of Medical Attendant,* or other Person who makes this Return. Mrs. Elena Hillegeist

*Address,* 152 E. Monument St.

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered before other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

74057

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 19 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 26)
4. *Place of Birth, (Street and Number)* No. 36 Carrolton Av
5. *Full Name of Mother,* Elisabeth Walther
6. *Mother's Maiden Name,* Elisabeth Baer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Walther
9. *Father's Occupation,* Bakery
10. *Father's Birthplace,* Germanea

*Name of Medical Attendant,* or other Person who makes this Return

*Address,* Mr Annie Dumler

*Remarks,* c/o Vorth Schroeder St.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NG, CITY PRINTERS AND STATIONERS.

74058

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 10 1894
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 27 day of August |
| 4. *Place of Birth, (Street and Number)* | #369 Saratoga st Balto City |
| 5. *Full Name of Mother,* | Mary Cathrin Cook |
| 6. *Mother's Maiden Name,* | " " " Bukmann |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Cook |
| 9. *Father's Occupation,* | Shoe Maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | |
| *Address,* | Mrs Hunter 60 North Schroder St. |
| *Remarks,* | |

ertificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

74059

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 16 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 27 [illegible]
4. *Place of Birth, (Street and Number)* 105 Payson St
5. *Full Name of Mother,* Maria Stanley
6. *Mother's Maiden Name,* Maria Lenard
7. *Mother's Birthplace,* St Va
8. *Full Name of Father,* Charles Stanley
9. *Father's Occupation,* Plasterer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return E Inman

*Address,* No 57 Lombard St

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of illegitimate children, and any person or persons w[illegible] shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars [illegible]ch offence, to be recovered as other fines and penalties are recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

74060

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 12 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug ~~September~~ 27/84
4. *Place of Birth, (Street and Number)* 146 N Fremont
5. *Full Name of Mother,* Florence Hoffman
6. *Mother's Maiden Name,* " " Wheeler
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Edwd Hoffman
9. *Father's Occupation,* Harnesf Maker
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other Person who makes this Return Jno D Blake MD

*Address,*

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ed, except in the cases of the births and deaths of [illegible]ticate children, and any person or persons w[illegible]ll hereafter fail to comply with the provisions of th[illegible]tion shall be subject to a fine of ten dollars for [illegible]ch offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

74061

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 20 1884
BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children."

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 29 1884
4. Place of Birth, (Street and Number) 172 n Hubbard st
5. Full Name of Mother, Emma Long
6. Mother's Maiden Name, Emma Spain
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm Jr Long
9. Father's Occupation, Pattern Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return — Z. K. Wiley MD

Address, 195 w. Lombard st

Remarks,

CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

74062

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 15 1894
BALTIMORE, MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 7 August

4. *Place of Birth, (Street and Number)* east Street 74

5. *Full Name of Mother,* Laura Harris

6. *Mother's Maiden Name,* Laura anderson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* harrison harris

9. *Father's Occupation,* Porter in a store

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return. Hallet jackson

*Address,* 5 forest

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

y & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74063

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SEP 11 1894
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 August
4. Place of Birth, (Street and Number) 229 Monument St.
5. Full Name of Mother, Louise Hoffbert
6. Mother's Maiden Name, Seyle
7. Mother's Birthplace, Europe
8. Full Name of Father, Philipp Hoffbert
9. Father's Occupation, Tailor Tailor.
10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return Mrs Isabella Oliver

Address, 276 E Monument

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

# NOTICE

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Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH 74064

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 19 1884 BALTIMORE, MD.

| | |
|---|---|
| ● *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 29 1884 |
| 4. *Place of Birth, (Street and Number)* | 54 Barre st extended |
| 5. *Full Name of Mother,* | Carrie Virginia Owens |
| 6. *Mother's Maiden Name,* | C V Carrick |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Hiram H Owens |
| 9. *Father's Occupation,* | Hucster |
| ● *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Chas R Graham M.D. |
| *Address,* | 131 Columbia ave |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

74065

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 15 1884
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 29/84 |
| 4. *Place of Birth, (Street and Number)* | 371 W. Fayette |
| 5. *Full Name of Mother,* | Annie E. Carroll |
| 6. *Mother's Maiden Name,* | " Augerman |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | J. Bond Carroll |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other Person who makes this Return | T. Chew Worthington (for Dr Thos Opie) |
| *Address,* | 373 W. Fayette St. |
| *Remarks,* | T.C. |

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 71066

**To the Office of Registrar of Vital Statistics, Board of Health,**

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 20 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 30 1884

4. Place of Birth, (Street and Number) 145 W. Pratt St

5. Full Name of Mother. Louisa Schmidt

6. Mother's Maiden Name, Louisa Penne

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Schmidt

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return H. Kirby M.D.

Address, 195 W. Lombard St

Remarks,

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

7406

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 1884 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 30 : 3 P.M.

4. Place of Birth, (Street and Number) 89 St Charles St

5. Full Name of Mother, Mrs Mc Clellane

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto.

8. Full Name of Father, Dont know

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return James E Deville MD

Address, 299 E Baltimore St.

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above prescribed, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

74068

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~August~~ July 31st, 1884
4. Place of Birth, (Street and Number) Fairmount Ave No 22.
5. Full Name of Mother, Placida Adams
6. Mother's Maiden Name, Placida Cesati
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John H. Adams
9. Father's Occupation, Sail Maker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return James E Downille M.D.

Address, 299 E Balto St.

Remarks,

HEALTH DEPARTMENT, SEP 15 1884 BALTIMORE, MD.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars each offence, to be recovered as other fines and penalties are recoverable.

...NE, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

74079

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 24 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 8 1884
4. Place of Birth, (Street and Number) Baltimore No 29. Columbia Av.
5. Full Name of Mother, Mary Magline Wheeler
6. Mother's Maiden Name, Mary M Hunter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Wheeler
9. Father's Occupation, Engineer
10. Father's Birthplace, Dorchester Co. State of Maryland

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 No. Pappelton St.

Remarks,

...certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recoverable, other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

74070

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 23 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* September 13.
4. *Place of Birth, (Street and Number)* 9 Camden Str.
5. *Full Name of Mother,* Annie Elizabeth Bailey.
6. *Mother's Maiden Name,* " " Sam.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Alfred Jerome Bailey.
9. *Father's Occupation,* Restaurateur.
10. *Father's Birthplace,* Princess Anne Md.

*Name of Medical Attendant,* or other Person who makes this Return. Anne Johnson

*Address,* 94 Tyson st

*Remarks,*

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recove[illegible] other fines and forfeitures are recoverable.

[illegible]hy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 74071

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 24 1884
BALTIMORE MD

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 th child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Sept 16 th 1884 |
| 4. *Place of Birth, (Street and Number)* | No 340 Hanover st |
| 5. *Full Name of Mother,* | Marianna Finedy |
| 6. *Mother's Maiden Name,* | Ellan |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Mitchel Finedy |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other Person who makes this Return. | J Schwaner midwife |
| *Address,* | 330 Hanover st. |
| *Remarks,* | |

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74072

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 24 1864 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept. 16th

4. Place of Birth, (Street and Number) 52 N. Fremont St.

5. Full Name of Mother, Elisabetta Buchmann

6. Mother's Maiden Name, " Schäfer

7. Mother's Birthplace, Marburg. Germany.

8. Full Name of Father, John Melchior Buchman

9. Father's Occupation, Cigarmaker

10. Father's Birthplace, Bremen Germany.

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter

Address, 21 N. Pappelton St

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered before any other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

# RETURN OF A BIRTH. 74073

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 23 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 16 1884
4. Place of Birth, (Street and Number) 4 Union street Baltimore
5. Full Name of Mother, Frances Buchanan
6. Mother's Maiden Name, Frances Howard
7. Mother's Birthplace, Baltimore U S A
8. Full Name of Father, Frank Buchanan
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore U S A

Name of Medical Attendant, or other Person who makes this Return. annie Johnson

Address, 111 Tyson street

Remarks, .....

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

# RETURN OF A BIRTH

74074

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 23 1884 BALTIMORE, MD.

of the parents, and the maiden name of the mother of such child or children."

. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, September 16th 1884.
4. Place of Birth, (Street and Number) 419 Hamburg St. ~~N~~ Baltimore Md.
5. Full Name of Mother, Mary Frances Raeke
6. Mother's Maiden Name, Sparenberg
7. Mother's Birthplace, Preusen
8. Full Name of Father, Theodore Raeke
9. Father's Occupation, Mashinist
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return

Address, [illegible]

Remarks,

...LANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 23 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 17th 1884
4. Place of Birth, (Street and Number) No 1 Elizabeth Lane
5. Full Name of Mother, Lena Streigel
6. Mother's Maiden Name, Lena Gastner
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Streigel
9. Father's Occupation, Miller
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return [illegible]

Address, No 18 Byrd st.

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]timate children, and any person or persons [illegible]hall hereafter fail to comply with the provisions of t[illegible]tion shall be subject to a fine of ten dollars [illegible]ch offence, to be recovered as other fines and penalti[illegible]e recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 23 1884
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September 17th 1884

4. Place of Birth, (Street and Number) No 2 Jasper St

5. Full Name of Mother, Father - Wilson

6. ~~Mother's Maiden~~ Name, Eastern Shore Va

7. Mother's Birthplace, Northampton County

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return Sarah D. Bond

Address, No 9 Jasper St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

74077

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 24 1884 BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Sept 17th 1884 |
| *4. Place of Birth (Street and Number)* | 484 Light St |
| *5. Full Name of Mother* | Oliva Webster |
| *6. Mother's Maiden Name* | Oliva Orem - |
| *7. Mother's Birthplace* | Baltimore City |
| *8. Full Name of Father* | Wm A. Webster |
| *9. Father's Occupation* | Brick-Layer |
| *10. Father's Birthplace* | Baltimore City |
| *Name of Medical Attendant,* or other Person who makes this Return. | B F Phillips |
| *Address* | 311 W Lombard St |
| *Remarks* | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

74078

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
RECEIVED
SEP 24 1884
BALTIMORE, MD.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Sept 17 1884 |
| 4. *Place of Birth, (Street and Number)* | No 178 Johnson st |
| 5. *Full Name of Mother,* | Mary J Radish |
| 6. *Mother's Maiden Name,* | Williams |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Charles Radish |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | America |
| *Name of Medical Attendant,* or other Person who makes this Return. | P Schwaner midwife |
| *Address,* | 330 Hanover st |
| *Remarks,* | |

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

74079

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 23 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* colard
3. *Date of Birth,* 17 september
4. *Place of Birth, (Street and Number)* 23 Wasche St
5. *Full Name of Mother,* Elisure Rebecca Murray
6. *Mother's Maiden Name,* Elisure Rebecca Hall
7. *Mother's Birthplace,* Fanrondle County Md
8. *Full Name of Father,* John H. murray
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Chestertown Md

*Name of Medical Attendant,* or other Person who makes this Return. Annie Johnson

*Address,* 94 Tyson st

*Remarks,*

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recov[illegible]s other fines and forfeitures are recoverable.

[illegible]hy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74080

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 2 1884
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Little Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 18 of September 1884
4. Place of Birth, (Street and Number) Barnes at No 61 Baltimore
5. Full Name of Mother, Mrs. Kimming
6. Mother's Maiden Name, Miss Maggie Wount
7. Mother's Birthplace, Born in Baltimore
8. Full Name of Father, Mr Henry Kimming
9. Father's Occupation, Laborer By Trade
10. Father's Birthplace, Born in Baltimore

Name of Medical Attendant, or other Person who makes this Return. Man Killer

Address, 1017 west Pratt st city

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be rec as other fines and forfeitures are recoverable.

phy & Co., City Printers and Stationers.

74081

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT, SEP 23 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 18. 1884

4. Place of Birth, (Street and Number) Jackson St

5. Full Name of Mother, Margret Kelly

6. Mother's Maiden Name, Margret Cannaughy

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Kelly

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Maggie Ethel

Address, No 13 Cuba St

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. He also the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

74083

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 23 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 18. 1884
4. Place of Birth, (Street and Number) Bayer St No 70
5. Full Name of Mother, Rebecca Shaffer
6. Mother's Maiden Name, Rebecca Reis
7. Mother's Birthplace, Germany
8. Full Name of Father, John Shaffer
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Maggie Ettel

Address, No 13 Keeler St

Remarks,

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

740 R3

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 19 1884
4. *Place of Birth, (Street and Number)* No 16 Paultny St
5. *Full Name of Mother,* Margareth Bauers
6. *Mother's Maiden Name,* Epp
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Joseph Bauers
9. *Father's Occupation,* Cannmaker
10. *Father's Birthplace,* America

*Name of Medical Attendant,* or other Person who makes this Return. J. Schwarser midwife

*Address,* 330 Hanover St

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Health Department SEP 24 1884 Baltimore, Md.

urphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 10-15-54

# RETURN OF A BIRTH

741084

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

John Edward Miles

HEALTH DEPARTMENT SEP 23 1884 BALTIMORE, MD.

| | |
|---|---|
| [illegible] of Child of Mother, (state whether 1st, 2d, 3d, &c.) | first |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 19th September 1884 |
| 4. Place of Birth, (Street and Number) | 66 Parrish st |
| 5. Full Name of Mother, | Mrs. Caroline Miles |
| 6. Mother's Maiden Name, | Miss Caroline Bassler |
| 7. Mother's Birthplace, | Balto. City |
| 8. Full Name of Father, | Mr. John Miles |
| 9. Father's Occupation, | Laborer |
| 10. Father's Birthplace, | Balto city |
| Name of Medical Attendant, or other Person who makes this Return | Miss. Mary Fleming |
| Address, | No. 60 Parrish St Balto. City |
| Remarks, | Mother and child are doing well |

of the parents, and the maiden name of the mother of such child or children."

CITY PRINTERS AND STATIONERS

74085

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 23 1884
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 19 Sept.
4. Place of Birth, (Street and Number) 11 E. Lombard
5. Full Name of Mother, Ginafavor Hamerle
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 12 E. Lombard street

Remarks,

Every birth of a child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered before any other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

74086

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 ed Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

HEALTH DEPARTMENT SEP 21 1884 BALTIMORE

3. *Date of Birth,* Sept 19 1884

4. *Place of Birth, (Street and Number)* No 274 Sharp st

5. *Full Name of Mother,* Mary Miller

6. *Mother's Maiden Name,* Taepher

7. *Mother's Birthplace,* America

8. *Full Name of Father,* Cuno Miller

9. *Father's Occupation,* Baker

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. J. Schwabur midwife

*Address,* 330 Hanover st.

*Remarks,*

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 74087

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
OCT 24 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Sept 19 — 1884

4. *Place of Birth, (Street and Number)* No. 43 Goodmans alley

5. *Full Name of Mother,* Margareth Wilk

6. *Mother's Maiden Name,* Bergsin

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Herman Wilk

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. J. Schneider midwife

*Address,* 830 Hanover st.

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, [illegible] other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74088

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
SEP 24 1884
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 19th 1884
4. Place of Birth, (Street and Number) No 108 Burgundy Alley
5. Full Name of Mother, Lorra Strickland
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Thomas Strickland
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. DeSarak Thomas

Address, 71 Burgundy alley

Remarks,

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74089

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 24 1884
BALTIMORE, MD

| | |
|---|---|
| [illegible]. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Sept 20th 84 |
| 4. Place of Birth, (Street and Number) | No 20 S Carey St |
| 5. Full Name of Mother, | Laura V Covell |
| 6. Mother's Maiden Name, | " " Lehnert |
| 7. Mother's Birthplace, | Balto |
| 8. Full Name of Father, | Chas A Lehnert |
| 9. Father's Occupation, | Clerk |
| 10. Father's Birthplace, | Balto |
| Name of Medical Attendant, or other Person who makes this Return | H S Wilson |
| Address, | M D |
| Remarks, | Balto Calhoun |

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

14090

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 20th 1884

4. Place of Birth, (Street and Number) 231 Mosher St.

5. Full Name of Mother, ~~Helnet~~ Wilnet Wood

6. Mother's Maiden Name, Wilnet Burnett

7. Mother's Birthplace, Locustone Nelson Co. Va.

8. Full Name of Father, Franklin Wood

9. Father's Occupation, Clerk

10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return James Bacon M.D.

Address, Arlington Ave. & Mosher St.

Remarks,

HEALTH DEPARTMENT SEP 24 1884 BALTIMORE MD.

..., CITY PRINTERS AND STATIONERS.

74091

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, September 20. 1884
4. Place of Birth, (Street and Number) 9 N. Dallas St
5. Full Name of Mother, L. ~~Eitlett~~ Hines
6. Mother's Maiden Name, L. Eitlett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, W. Hines
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Frederick A. Kaufmann

Address. 202 S. Dallas St

Remarks, This child died of spasms Sept. 22nd 1884

HEALTH DEPARTMENT
SEP 24 1884
BALTIMORE, MD.

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

NO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

7409 2

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 23 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Ans

1. Sex, (state whether male ~~or female~~) White

2. Race or Color, (if not of the white race)

3. Date of Birth, September the 20, 1884.

4. Place of Birth, (Street and Number) N. Caroline St No 10

5. Full Name of Mother, Anna Edelmann

6. Mother's Maiden Name, Anna Vilch

7. Mother's Birthplace, Balto City

8. Full Name of Father, Charles Edelmann

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recov[illegible] other fines and forfeitures are recoverable.

ohy & Co., City Printers and Stationers.

CERTIFICATE CORRECTED 5-9-49

74093

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Boston Smith

HEALTH DEPARTMENT
SEP 23 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 20, 1884
4. Place of Birth, (Street and Number) N. Wolfe St. No. 108,
5. Full Name of Mother, Catharine ~~(Katharine)~~ ~~(Schmidt)~~ Smith
6. Mother's Maiden Name, ~~(Katharine)~~ ~~(Red)~~ Roben
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Boston ~~(Wilhelm)~~ ~~(Schmidt)~~ Smith
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recoverable. ...s other fines and forfeitures are recoverable.

...phy & Co., City Printers and Stationers.

14094

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 22 1884
BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in at entrance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars to be recovered as other fines and penalties are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | September 20. 1884 |
| 4. *Place of Birth, (Street and Number)* | 95 Fort st |
| 5. *Full Name of Mother,* | Jennie Faulkner |
| 6. *Mother's Maiden Name,* | Jennie Lawson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Faulkner |
| 9. *Father's Occupation,* | Sheet Iron Worker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other Person who makes this Return | Mrs Ann Nash |
| *Address,* | |
| *Remarks,* | |

, CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11695

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 23 1884
BALTIMORE, MD.

birth of any child shall occur without the attendance of a physician, or midwife, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Kind

1. Sex, (state whether male or female) Madchen

2. Race or Color, (if not of the white race) Weiß

3. Date of Birth, Geboren den 20ten September

4. Place of Birth, (Street and Number) № 163 Eastern Ave

5. Full Name of Mother, Amalie Schmidt

6. Mother's Maiden Name, Amalie Bierlöcker

7. Mother's Birthplace, Deutschland.

8. Full Name of Father, Adolph Schmidt

9. Father's Occupation, Handarbeiter

10. Father's Birthplace, Deutschland.

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address, № 202 S. Dallas St.

Remarks, Hebamme

... PRINTERS AND STATIONERS.

74096

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT, SEP 23 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4tes Kind

1. *Sex, (state whether male or female)* Bub
2. *Race or Color, (if not of the white race)* Schwarz
3. *Date of Birth,* Geboren 20tes September
4. *Place of Birth, (Street and Number)* No 9 Nord. Dallas Str
5. *Full Name of Mother,* Lise Hins
6. *Mother's Maiden Name,* Lise Eitlett.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Hins
9. *Father's Occupation,* Handarbeiter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other Person who makes this Return Friederike Kaufmann

*Address,* No 202 S. Dallas Str

*Remarks,* Hebamme

certificate, between the first and third day of each and every month, or of a practitioner of midwifery, or birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

74097

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* ——
3. *Date of Birth,* September 21. 1884
4. *Place of Birth, (Street and Number)* 425 West Pratt st.
5. *Full Name of Mother,* Mrs. Barbara Reinheimer ~~Pinkler~~
6. *Mother's Maiden Name,* Barbara Pinkler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore Reinheimer
9. *Father's Occupation,* Shoe Fitter
10. *Father's Birthplace,* New York

*Name of Medical Attendant,* or other Person who makes this Return. Susan Hunter

*Address,* 21 No Pappelton st

*Remarks,*

[illegible] certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offence to be recov[illegible] other fines and forfeitures are recoverable.

[illegible]rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 74098

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 23 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 to

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 21, 1884
4. *Place of Birth, (Street and Number)* S. Dallas St. No. 107.
5. *Full Name of Mother,* Mary Winterstein
6. *Mother's Maiden Name,* Mary Hahn
7. *Mother's Birthplace,* Lauterbach. Gr Hessen Germany
8. *Full Name of Father,* Joseph Winterstein
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Nordensolders Kr. Preussen Germany

*Name of Medical Attendant,* or other Person who makes this Return. Mary E. Miller

*Address,* S. Dallas St. No. 26

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 74099

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT, SEP 22 1884 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 476 Mulberry
4. Place of Birth, (Street and Number) Sep 21 1884
5. Full Name of Mother, Laura E. Coale
6. Mother's Maiden Name, Laura E. Colmary
7. Mother's Birthplace, B. City
8. Full Name of Father, Harvey Coale
9. Father's Occupation, Salesman
10. Father's Birthplace, BC

Name of Medical Attendant, or other Person who makes this Return J Harvey Hill M.D.

Address, Dunndon & Calhoun

Remarks,

of the parents, and the maiden name of the mother of such child or children."

C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 22 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 21st 84
4. Place of Birth, (Street and Number) Maternite Hospital
5. Full Name of Mother, Alverta Bell
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other Person who makes this Return F. R. Nordmann M.D.

Address,

Remarks,

...CITY PRINTERS AND STATIONERS.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 24 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return

*Address,*

*Remarks,*

certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

14102

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 24 1884
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, 22 Sept.

4. Place of Birth, (Street and Number) No. 196 Wolfe St.

5. Full Name of Mother, Katie Langer.

6. Mother's Maiden Name, Rich

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Langer

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return — Louisa Schulte

Address, No. 246 E. Chew St.

Remarks,

certificate, between the first and third day of each and every month to the Board of Health. In case no birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

11108

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPARTMENT
SEP 22 1884
BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 22 ond ... 84
4. *Place of Birth, (Street and Number)* Maternite Hospital
5. *Full Name of Mother,* Helen Kolen
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Denmark
8. *Full Name of Father,* —
9. *Father's Occupation,* —
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other Person who makes this Return F. R. Stordmann M. D.

*Address,*

*Remarks,*

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 74104

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 24 1884
BALTIMORE, MD.

| | |
|---|---|
| [illegible]. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | colored |
| 3. *Date of Birth,* | 22 Sept 84 |
| 4. *Place of Birth, (Street and Number)* | 132 Cidwal |
| 5. *Full Name of Mother,* | Ida Jenifer |
| 6. *Mother's Maiden Name,* | — |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | — |
| 9. *Father's Occupation,* | — |
| 10. *Father's Birthplace,* | — |
| *Name of Medical Attendant,* or other Person who makes this Return | H Nelson Mott |
| *Address,* | |
| *Remarks,* | Balto Calle |

of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH

74105

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 23 1884
BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male ~~or female~~) .....
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 22. 1884.
4. Place of Birth, (Street and Number) N. Dallas St. № 255
5. Full Name of Mother, Eva Otto
6. Mother's Maiden Name, Eva Dressel
7. Mother's Birthplace, Balt^e City
8. Full Name of Father, Andreas Otto
9. Father's Occupation, Cigarren maker
10. Father's Birthplace, Balt^e City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, N. Dallas St. № 26

Remarks, .....

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

...rphy & Co., City Printers and Stationers.

# NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

# RETURN OF A BIRTH

7440

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

BOARD OF HEALTH
SEP
BALTIMORE, MD

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* ..... Male
2. *Race or Color, (if not of the white race)* ..... White
3. *Date of Birth,* ..... Sept. 1
4. *Place of Birth, (Street and Number)* ..... [illegible]
5. *Full Name of Mother,* ..... [illegible]
6. *Mother's Maiden Name,* ..... [illegible]
7. *Mother's Birthplace,* ..... Baltimore
8. *Full Name of Father,* ..... [illegible]
9. *Father's Occupation,* ..... Tailor
10. *Father's Birthplace,* ..... Baltimore

*Name of Medical Attendant,* or other Person who makes this Return ..... [illegible]

*Address.* ..... [illegible]

*Remarks,* .....

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

1407

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

HEALTH DEPT
SEP 24 1934
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 Sept.
4. Place of Birth, (Street and Number) No 5 Central Ave
5. Full Name of Mother, Lizzie Plitt
6. Mother's Maiden Name, Warnsman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Plitt
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Louisa Schulte

Address, No 246 E. Chew Ste.

Remarks,

...CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

74108

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

HEALTH DEPARTMENT, SEP 24 1884 BALTIMORE, MD.

| | |
|---|---|
| No. of Child of Mother (state whether 1st, 2d, 3d, &c.) | 4" Child |
| 1. Sex (state whether Male or Female) | Female |
| 2. Race or Color (if not of the white race) | White |
| 3. Date of Birth | Sept 23" 1884 |
| 4. Place of Birth (Street and Number) | 541 Light St |
| 5. Full Name of Mother | Ellenora Lowry |
| 6. Mother's Maiden Name | " Holmes |
| 7. Mother's Birthplace | Baltimore Md |
| 8. Full Name of Father | Charles Lowry |
| 9. Father's Occupation | Car Driver |
| 10. Father's Birthplace | Baltimore Md |
| Name of Medical Attendant, or other Person who makes this Return. | O. A. Cooke MD |
| Address | 110 Fort av |
| Remarks | |

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

GIVEN NAME ADDED 9-27-55

7419

# RETURN OF A BIRTH.

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

HEALTH DEPARTMENT
SEP 25 1884
BALTIMORE, MD.

Mary Eliza Butler

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5. ~~4~~th

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 20 Sept. 84
4. *Place of Birth (Street and Number)* 29 Duchan Alley
5. *Full Name of Mother* Rachel Butler
6. *Mother's Maiden Name* " Johnston
7. *Mother's Birthplace* Eastern ~~Queen Ann Co.~~ Md.
8. *Full Name of Father* John H. Butler
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Queen Ann Co

*Name of Medical Attendant,* or other Person who makes this Return. City Lockman

*Address* 25 East St.

*Remarks*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

74 110

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

SEP 25 1884
BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd of September 1884.
4. Place of Birth, (Street and Number) 20 Clinton Trail.
5. Full Name of Mother, Anna Batz.
6. Mother's Maiden Name, Anna Schindelman
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Fred Schindelman
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Georgia Kunkel

Address, 11 North Chapel street per Justina Kunkel

Remarks, Healthy.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health. In the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

74111

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

HEALTH DEPARTMENT
SEP 25 1884
BALTIMORE MD.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | First one |
| *1. Sex (state whether Male or Female)* | Male |
| *2. Race or Color (if not of the white race)* | Colored |
| *3. Date of Birth* | 23d September 1884. |
| *4. Place of Birth (Street and Number)* | 164 S. Howard St. |
| *5. Full Name of Mother* | Eleanah Montgomery |
| *6. Mother's Maiden Name* | Eleanah Williams |
| *7. Mother's Birthplace* | Baltimore city md. |
| *8. Full Name of Father* | Alfred Montgomery |
| *9. Father's Occupation* | Sailor |
| *10. Father's Birthplace* | Dorchester Co. Md. |
| *Name of Medical Attendant, or other Person who makes this Return.* | L. D. Dyer |
| *Address* | 146. Hill St. |
| *Remarks* | |

74112

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, Sept 8th 1884
4. Place of Birth, (Street and Number) 368 Light St.
5. Full Name of Mother, Elizabeth Amrhein
6. Mother's Maiden Name, " Becker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hy. Amrhein
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mary Kroh

Address, 328 South Eutaw St.

Remarks,

HEALTH DEPARTMENT, SEP 25 1884 BALTIMORE, MD.

certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible]ired, except in the cases of the births and deaths of [illegible]gitimate children, and any person or persons w[illegible]all hereafter fail to comply with the provisions of t[illegible]ction shall be subject to a fine of ten dollars [illegible]ach offence, to be recovered as other fines and penalt[illegible]e recoverable.

[illegible]O., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH.

74113

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

Name of child: Robert L. Duckett

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 11th 1884
4. Place of Birth (Street and Number) 231 Dolphin St
5. Full Name of Mother Jane Duckett
6. Mother's Maiden Name Jane Roland
7. Mother's Birthplace New York City
8. Full Name of Father J. J. Duckett
9. Father's Occupation Oyster Dredger
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Thos. S. Latimer M.D.

Address 371 Eutaw Place

Remarks

HEALTH DEPARTMENT, SEP 25 1884 BALTIMORE, MD.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

74114

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT SEP 2 1884 BALTIMORE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th Sept 1884
4. *Place of Birth, (Street and Number)* 71 North Pine Street
5. *Full Name of Mother,* Mary McGah
6. *Mother's Maiden Name,* Mary Henderson
7. *Mother's Birthplace,* Port Philip Guernsey
8. *Full Name of Father,* Michael McGah
9. *Father's Occupation,* Laborour
10. *Father's Birthplace,* Liskeneey Ireland

*Name of Medical Attendant,* or other Person who makes this Return. Susan Hunter

*Address,* 21 No Pappillon St

*Remarks,*

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offence to be recove[illegible] other fines and forfeitures are recoverable.

rphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74115

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 Cherlin

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 of September 1884
4. *Place of Birth, (Street and Number)* 59 Dewberry Alley
5. *Full Name of Mother,* Maggie Larkin
6. *Mother's Maiden Name,* Maggie Boyle
7. *Mother's Birthplace,* 53 Dewberry Alley
8. *Full Name of Father,* Dominick Larkin
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Cambio Ar

*Name of Medical Attendant,* or other Person who makes this Return. Susan Hunter

*Address,* 21 No Pappelton St

*Remarks,*

HEALTH DEPARTMENT, SEP 25 1884 BALTIMORE, MD.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offence to be recove[illegible] other fines and forfeitures are recoverable.

[illegible]y & Co., City Printers and Stationers.

# RETURN OF A BIRTH. 74116

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

HEALTH DEPARTMENT
SEP 25 1884
BALTIMORE, MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth September 21. 1884
4. Place of Birth, (Street and Number) 292 west Biddle St
5. Full Name of Mother, Elizabeth Ann Moore
6. Mother's Maiden Name, Elizabeth Ann Whelan
7. Mother's Birthplace, Harford County Md
8. Full Name of Father, James Martin Moore
9. Father's Occupation, Police officer
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs W. Maennel. Midwife

Address, 428 Saratoga. str.

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered by other fines and forfeitures are recoverable.

u Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH

74117

SIVER NAME ADDED 5-2-56

**To the Office of Registrar of ~~Vital~~ Statistics, Board of Health, Baltimore City.**

Name: John Kennard Bosee

HEALTH DEPARTMENT, SEP 26 1884 BALTIMORE, MD.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15. 1884
4. *Place of Birth, (Street and Number)* 280 N. Carey St.
5. *Full Name of Mother,* Wilhelmina Bosee
6. *Mother's Maiden Name,* Thompson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John K. Bosee
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other Person who makes this Return J. H. Scarff M.D.

*Address,* 77 Centre St.

*Remarks,*

[illegible] certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above [illegible], except in the cases of the births and deaths of [illegible] children, and any person or persons who [illegible] hereafter fail to comply with the provisions of this [illegible] shall be subject to a fine of ten dollars for [illegible] offence, to be recovered as other fines and penalties [illegible] recoverable.

[illegible], CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH

74118

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 16th September. 1884.
4. Place of Birth, (Street and Number) 51 North Fremont street.
5. Full Name of Mother, Mrs. Carrie Emily Borgealt.
6. Mother's Maiden Name, Miss Carrie Emily Nickles.
7. Mother's Birthplace, Baltimore Maryland.
8. Full Name of Father, Mr. Joseph Henry Borgealt.
9. Father's Occupation, Candymaker
10. Father's Birthplace, Littlestown Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Susan Hunter.

Address, 21 No Poppelton St

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offence to be recove[illegible] other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH

74119

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above [illegible] and any such person or persons who shall hereafter [illegible] to comply with the provisions of this section, shall be subject [illegible] the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Thursday 18 September 1884 |
| 4. *Place of Birth, (Street and Number)* | Baltimore 124 George St |
| 5. *Full Name of Mother,* | Eliza, Bertha Meade |
| 6. *Mother's Maiden Name,* | Eliza Bertha Haas |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Marshall Meade |
| 9. *Father's Occupation,* | Salesman |
| 10. *Father's Birthplace,* | Frederick County Maryland |
| *Name of Medical Attendant,* or other Person who makes this Return. | Susan Hunter |
| *Address,* | 21 N. Poppleton St |
| *Remarks,* | |

Murphy & Co., City Printers and Stationers.

74120

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, Sep 21 1884
4. Place of Birth, (Street and Number) No 7 Monument St
5. Full Name of Mother, Ella Jockings
6. Mother's Maiden Name, Ella Mickel
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, James Jockings
9. Father's Occupation, Labor
10. Father's Birthplace, Eastern Shore

Name of Medical Attendant, or other Person who makes this Return Lucindia Woolford

Address, 130 Register St

Remarks,

REGISTRAR DEPARTMENT SEP 25 1884

place of its birth, and the said schedule shall be delivered, duly signed, to the Board of Health. In case the certificate, between the first and third day of each and every month to the Board of Health, or birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

CO., CITY PRINTERS AND STATIONERS.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 18th DAY Nov.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #69590 AND
ENDING WITH #74120 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics AS DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul

# END OF REEL